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LANCASHIRE COUNTY COUNCIL

HEALTH DIVISION 12

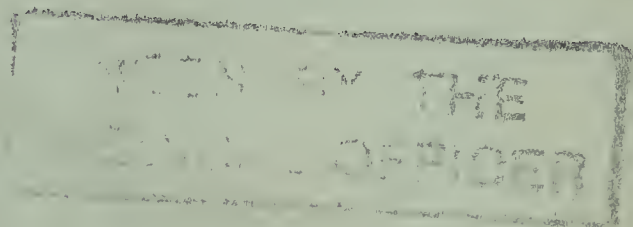
Annual Report

of the

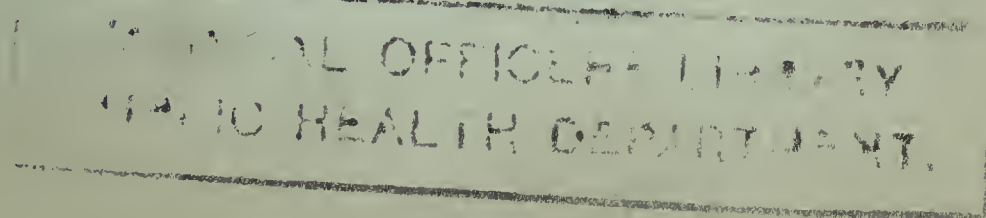
Divisional Medical Officer


for the period

1st January, 1949, to 31st December, 1949



DIVISIONAL HEALTH OFFICES, PARSONS LANE,
BURY.





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LANCASHIRE COUNTY COUNCIL
HEALTH DIVISION 12

Annual Report

of the

Divisional Medical Officer

for the period

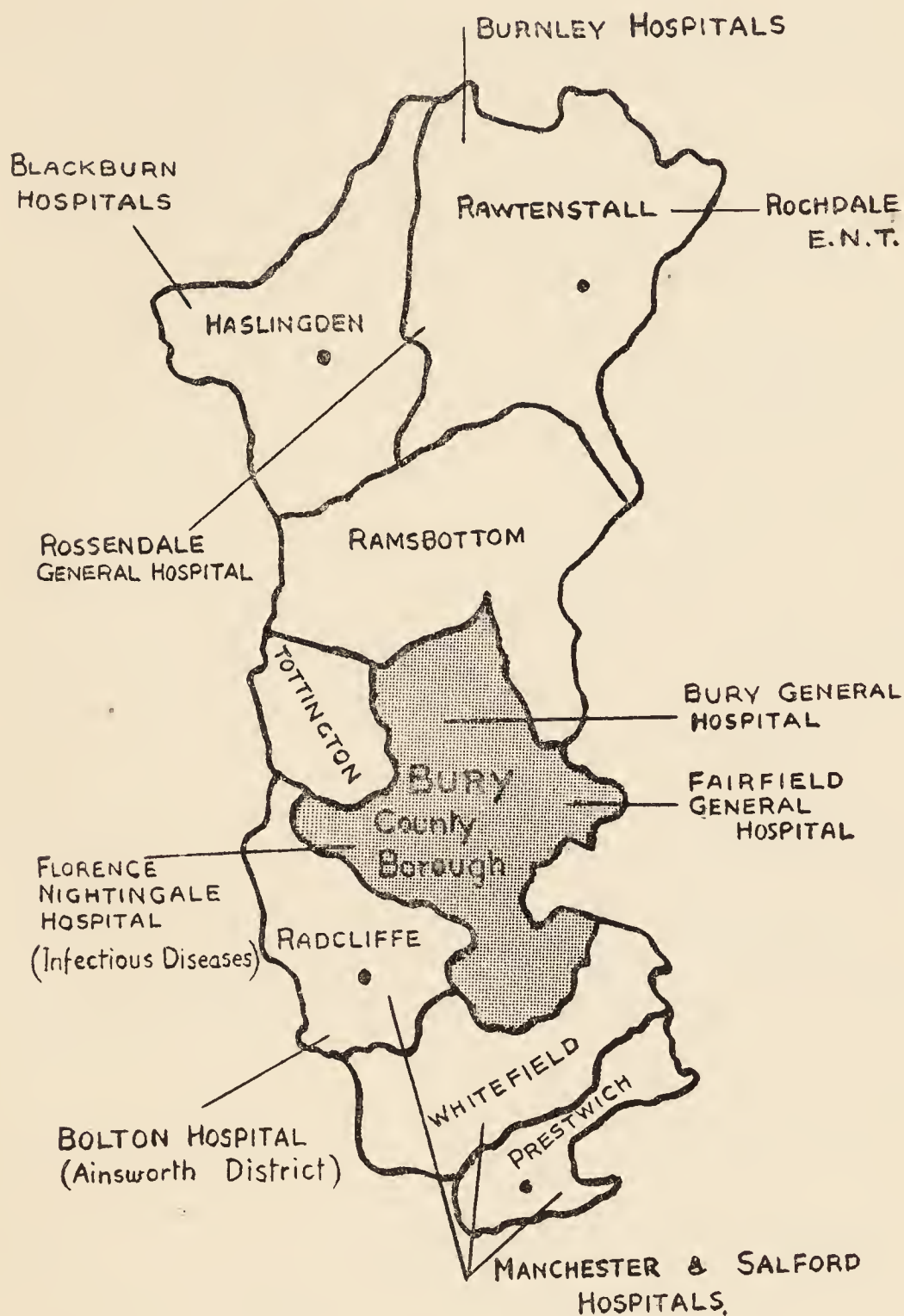
1st January, 1949, to 31st December, 1949

DIVISIONAL HEALTH OFFICES, PARSONS LANE,
BURY.

CONTENTS

	Page
Divisional Health Committee	iv
Staff	vi
Relationship of Division to other Services	vii
Area and Population	3
Social Conditions and Chief Industries	4
Care of Mothers and Young Children	4
Midwifery Service	8
Health Visiting	12
Home Nursing	12
Nursing Homes Registration Acts	13
Nurseries and Child Minders' Regulation Act, etc.	13
Mental Health Service	21
Domestic Help Scheme	28
Welfare Services, National Assistance Act, 1948	30
Prevention of Illness—Care and After Care	43
Tuberculosis	43
Vaccination and Immunisation	44
Epidemiology	47
Ambulance Service	53
Statistical Tables	59-68

EXTENT OF THE DIVISION



The diagram shows that the population is served by several hospital groups.

The distance from north to south of the Division is approximately 18 miles.

DIVISIONAL HEALTH COMMITTEE (1949-50).

HEALTH DIVISION No. 12.

Chairman

S. C. BOTTOMLEY, Esq., C.C.

Vice-Chairman

A. E. PIMLOTT, Esq.

(deceased).

Ex Officio

Chairman and Vice-Chairman, County Health Committee:

(a) H. LORD, Esq., J.P., C.C.
J. EASTHAM, Esq., J.P., C.C.

Representing the County Council

S. C. BOTTOMLEY, Esq., C.C.
W. INGHAM, Esq.
J. ISHERWOOD, Esq.
G. H. LUPTON, Esq.
J. H. TAYLOR, Esq.
(b) C. E. TRAVIS, Esq.
A. L. WILLIAMS, Esq.
Mrs. S. D. WHITEHEAD
Miss STELLA YEOMAN.

Representing Haslingden Borough Council

T. BROWN, Esq
W. BOYSON, Esq., J.P.

Representing Prestwich Borough Council

L. F. BARROW, Esq.
(b) Mrs. V. B. DICKINSON.
E. MOLYNEAUX, Esq.

(c)

A. E. PIMLOTT, Esq.

(deceased)..

Representing Radcliffe Borough Council

H. T. OGDEN, Esq., J.P.
J. CROMPTON, Esq., J.P.
Dr. R. A. KERNOHAN

Representing Rawtenstall Borough Council

J. HALLIWELL, Esq.

(deceased).

G. TOMLINSON, Esq.
H. TURNER, Esq.

Representing Ramsbottom Urban District Council

M. CRAWSHAW, Esq., J.P.
G. HOLT, Esq., J.P.

Representing Tottington Urban District Council

WM. HILTON, Esq.

Representing Whitefield Urban District Council

J. W. JONES, Esq., J.P.

Representing Divisional Education Executive No. 12.

Rev. J. ALLEN SLATER

Representing Divisional Education Executive No. 14

MRS. L. HILLIS

Representing Divisional Education Executive No. 24.

A. PIMLOTT, Esq.

Representing Divisional Education Executive No. 26.

REV. CANON T. BACKHOUSE, M.A.

Representing Hospital Management Committees

Hospital Group 9:

- (e) F. C. MOSLEY, Esq.

Hospital Group 27:

- (d) R. FAIRHURST, Esq.

Co-opted Members

Mrs. E. CRABTREE, J.P. (deceased).

Miss MIRIAM LEEDER

H. HOLT, Esq.

- (a) Chairman, West Manchester Hospital Management Committee.
- (b) Member of Bury and Rossendale Hospital Management Committee.
- (c) Member of North Manchester Hospital Management Committee.
- (d) Chairman, Prestwich Hospital Management Committee.
- (e) Chairman, Bury and Rossendale Hospital Management Committee.

DIVISIONAL HEALTH STAFF (at 31st December, 1949).

Divisional Medical Officer

C. H. T. WADE, M.D., B.Sc., D.P.H.

Clerk of Divisional Health Committee

H. A. FOX, LL.B.

Assistant Divisional Medical Officers

CONSTANCE ATKINSON, M.B., Ch.B., D.P.H.
ROBERT W. FARQUHAR, M.B., Ch.B., B.Sc. (Agric.), D.P.H.
(resigned 20.2.50).
W. STANLEY HAYDOCK, M.D., D.P.H.
CECILIA F. G. WILD, M.B., Ch.B.

Medical Officers of Health of County Districts

Haslingden M.B.	}	C. H. T. WADE, M.D., B.Sc., D.P.H.
Prestwich M.B.		
Rawtenstall M.B.		
Whitefield U.D.		
Radcliffe M.B.,	W. S. HAYDOCK, M.D., D.P.H.	
Ramsbottom U.D.,	R. W. FARQUHAR, M.B., Ch.B., B.Sc., D.F.H.	
Tottington U.D.,	G. CRAWSHAW, M.C., M.B., Ch.B. (also in general practice).	

Health Visitors and School Nurses

Authorised establishment	19
Present staff	12

Midwives

Authorised establishment	14
Present staff	10

Home Nurses

Authorised establishment	22
Present staff	22

Senior Administrative Officer

HAROLD I. BAYFORD

County Medical Officer of Health

F. HALL, C.B.E., M.D., D.P.H., Barrister-at-Law.

RELATIONSHIP OF THE DIVISION TO OTHER SERVICES.

1. HOSPITAL SERVICES.

Division 12 contains Hospital Groups 9 and 27.

Hospital Group 9: Bury and Rossendale.

Establishment.	Situation.	Beds.	Type of Case.
Bury General Hospital (with 1 Westbourne)	Bury	175	Acute medical and surgical.
Robinson Kay Home	Bury	51	Chronic sick.
Florence Nightingale Isolation	Bury	120	Infectious diseases and Tuberculosis.
Ainsworth Hospital	Ainsworth	40	Smallpox.
Aitken Sanatorium	Holcombe	70	Tubercular.
Fairfield General Hospital	Bury	504	Chronic Sick, , mental and maternity.
Ramsbottom Cottage	Ramsbottom	17	Acute medical and surgical.
Bealey Maternity Home	Radcliffe	10	Maternity.
Rossendale General	Rawtenstall	402	Chronic sick, mental and maternity.
Greenfield Massage Centre	Haslingden	—	
Tuberculosis and Venereal Disease Clinic	Bury	—	
Tuberculosis Dispensary	Radcliffe	—	

* Westbourne is a post operative unit of 14 beds (at present) at Helmshore.

Secretary—Mr. H. Wilkinson, F.H.A., Bury General Hospital, Walmersley Road, Bury. Telephone Bury 2444.

Representative on Divisional Committee—Mr. F. C. Mosley, Bast House, Walmersley, Bury. (Chairman of Group 9 Committee).

Hospital Group 27: Prestwich.

Hospital.	Situation.	Beds.	Type of Cases.
Prestwich Hospital	Prestwich	2840	Mental.

Secretary—Mr. H. Winters, F.H.A., Prestwich Hospital, Prestwich. Telephone Prestwich 2236/7/8.

Representative on Divisional Committee—Alderman R. Fairhurst, 75 Harpers Lane, Bolton. (Chairman of Group 27 Committee).

2. TUBERCULOSIS SERVICE.

Lancashire County Dispensary, Area No. 2—Serving Rawtenstall and Haslingden.

Chest Clinic—108a, Whalley Road, Accrington.

Consultant Chest Physician—G. B. Charnock, L.R.C.P. & S., L.R.F.P.S., D.P.H.

Tuberculosis Health Visitors—

Miss Mary Haworth, 21 Raby Street, Rawtenstall.

Miss M. E. Tomlinson, Knott Hill House, Stacksteads, (Serving Rawtenstall Borough but on staff of Division 13).

Lancashire County Dispensary, Area No. 3 — Serving Prestwich, Radcliffe, Whitefield, Ramsbottom and Tottington.

Chest Clinic—Lees Street, Ashton-under-Lyne.

Consultant Chest Physician—G. Fletcher, M.D., M.R.C.P., D.P.H.

Tuberculosis Health Visitor—Miss G. Crebbin, 150 Eccles Old Road, Salford.

3. THE NATIONAL ASSISTANCE BOARD.

Area Offices—12, Manchester Road, Bury—Mr. J. Ainsworth.

2b Dutton Street, Accrington—Mr. J. Harrison.

14a Blackfriars Street, Salford 3—Mr. R. J. Boyle.

Supplementary offices at Rawtenstall, Haslingden, Radcliffe, and Ramsbottom.

4. WELFARE SERVICES.

Accommodation for "Non-Sick" Persons—

(a) Valley View, Rossendale.

(b) 380 Rochdale Old Road, Bury.

(c) Springfield Hospital, Crumpsall.

Hostels for Aged Persons—

Walshaw Hall, Tottington.

(b) Eventide Home, Prestwich.

(c) Nazareth House, Prestwich.

5. MORAL WELFARE.

Miss E. M. Knight, Manchester Diocesan Council for Moral Welfare Work, 12 Tenterden Street, Bury.

6. CHILDREN'S DEPARTMENT, AREA OFFICES.

Mrs. D. B. Roberts, Children's Officer, 65, Seymour Street, Radcliffe.

7. MINISTRY OF NATIONAL INSURANCE.

Head Office—North Western Region: Heyscroft, Palatine Road, Didsbury, Manchester 20.

Local Offices—

Rawtenstall: Wesley Chambers, Bacup Road, Rawtenstall.

Haslingden: Union Street, Haslingden.

Ramsbottom: 51 Bolton Street, Ramsbottom.

Radcliffe: 15-17 Stand Lane, Radcliffe.

Prestwich: Brooklands, Bury Old Rd., Prestwich, Manchester.

Bury: Clerke Street, Bury.

8. EDUCATION EXECUTIVE AREAS.

There are four Education Executive Areas in the Division—three wholly contained within it and one partly.

Division 12 (Part)—Bacup and Rawtenstall. W. Turner, Esq., M.B.E., Clough Fold, Rawtenstall. Telephone Rossendale 1170.

Division 14—Haslingden, Ramsbottom and Tottington—F. C. Hildred, Esq., 12 Regent Street, Haslingden. Telephone Rossendale 1520.

Division 24—Prestwich and Whitefield. Miss S. A. Marland, Monsall Lodge, Bury New Road, Prestwich. Telephone Prestwich 4048/9.

Division 26—Radcliffe. J. T. Parry, Esq., Town Hall, Radcliffe. Telephone Radcliffe 2241-3.

Divisional Health Offices,
Parsons Lane,
BURY.

20th September, 1950.

To the Chairman and Members of the Divisional
Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting a report on the Divisional Health Service for the year 1949. The previous report covered the last six months of 1948, and the present report, therefore is the first made for a full year since the Divisional Scheme began. The report is prepared on the lines laid down in a County memorandum dated 27th April, 1950, to ensure that statistical data are presented on uniform lines.

In May, 1949, County Councillor Hardman, the Divisional Committee Chairman, retired. His long experience of County Health work was invaluable to a new service such as this.

The services have been well maintained and attendances at clinics and welfare centres have been satisfactory, but difficulty has arisen in obtaining suitable medical officers and makeshift arrangements have been necessary. This problem is becoming worse and is due to the greater attraction of medical service other than with local authorities under the National Health Service Act.

Extensions of the Divisional services during the year include the taking over and expansion of the existing Ambulance service, and fourfold increase in the Home Help service, the re-organisation and improvement of conditions for old people in Part III accommodation and the development of the Mental Health service including the arrangements for the early provision of an Occupation Centre for mental defectives.

The total staff of the Division numbers 242; this comprises 103 officers and 139 others.

A feature of the County service is the frequency with which members of the staff are encouraged to attend refresher courses and other meetings, which enable them to keep up-to-date and exchange items with colleagues from other parts of the country.

I wish to thank the members of the Divisional Committee for their continued help and guidance. They have the interests of the

people at heart and generously give their services and time to promote this essential work.

The Divisional staff have worked hard and well and thanks are expressed to them for their excellent service.

I am, Ladies and Gentlemen,

Your obedient servant,

C. H. T. WADE,

Divisional Medical Officer.

STATISTICS AND SOCIAL CONDITIONS OF THE DIVISION.

Physical features and General Character.

The Division consists of four boroughs and three urban districts. The greater part of the population is contained in the boroughs of Prestwich and Radcliffe, and the urban district of Whitefield, which lie to the south. The boroughs of Rawtenstall and Haslingden occupy the northern part. The other two urban districts are Ramsbottom and Tottington. The Division surrounds the County Borough of Bury except for that part of the eastern boundary of Bury which joins the Borough of Heywood. The area is readily operated from Bury as a centre.

The land is hilly to the north of Bury, and includes the industrial valley of Rossendale, whilst to the south it is flatter and the area is more residential in character. The river Irwell runs through the Division from north to south.

Area and Population.

The total area at 30th June, 1949, was 40,601 statute acres, The distance between the extreme north and south boundaries is approximately 18 miles.

The population was 135,760 according to the estimate of the Registrar General on 30th June, 1949. It is comprised as shewn in Table I.

TABLE 1.
POPULATION OF HEALTH DIVISION 12.

	ESTIMATED POPULATION AT MID 1949.			
	All Ages.	CHILDREN.		
		Under 15 years	Under 5 years	5—14 years
HASLINGDEN M.B.	14,600	2,576	1,062	1,514
PRESTWICH M.B.	34,730	6,516	2,531	3,985
RADCLIFFE M.B.	27,680	5,784	2,303	3,481
RAWTENSTALL M.B.	25,220	4,589	1,866	2,723
RAMSBOTTOM U.D.	14,530	2,754	1,102	1,652
TOTTINGTON U.D.	6,000	1,260	498	762
WHITEFIELD U.D.	13,000	2,820	1,124	1,696
TOTALS	135,760	26,299	10,486	15,813

SOCIAL CONDITIONS AND CHIEF INDUSTRIES.

Textile industries provide the main work of the area, together with engineering, the manufacture of footwear, soap and paper, and quarrying.

There is almost full employment through the area. Two main problems in Haslingden, Rawtenstall and Ramsbottom are the large number of unsatisfactory houses and a number of unsatisfactory private water supplies. Representation has been made to the Ministry about the provision of additional houses so far without much success, and a survey is being made of unsatisfactory water supplies and action taken in appropriate cases.

Three factories, Messrs. David Whitehead & Sons Ltd., at Rawtenstall, Messrs. Joshua Hoyle & Sons Ltd., at Ramsbottom (Summerseat), and the Lancashire Cotton Corporation at Radcliffe, have established day nurseries for the children of their employees, and these are of great benefit to the welfare of the children. This is in marked contrast to the early days of the Industrial Revolution, when children aged 7 years or less were employed from 7 a.m. to 7 p.m., and whipped if they showed signs of tiredness.

CARE OF MOTHERS AND YOUNG CHILDREN.

(1) Child Welfare Centres.

Two new centres were opened during the year, one at Prestwich to serve the Rainsough district, and one at Ramsbottom to serve Edenfield, making a total of 15 centres. The adaptation of a hutted building at Tottington in Kirklees Street was still proceeding at the end of the year. Premises at Beech House, Bent Lane, Prestwich, were selected for a new clinic and welfare centre.

Attendances at the centres were satisfactory, and are shown in table II.

(2) Ante-Natal and Post-Natal Clinics.

Four clinics were open and preparations have been made for one at Edenfield to serve the Ramsbottom Area.

It was hoped that a Consultant would be in attendance at each centre once a month, but the Manchester Regional Hospitals Board have been unable to supply this need, and patients requiring

TABLE II. — CHILD WELFARE CENTRES.

Work done at individual Centres during the Year ended 31st December, 1949.

ADDRESS OF CHILD WELFARE CENTRE	Sessions	Individual attending			No. of children who first attended the centres during the year			Attendances at ages			Individual expectant mothers	Attendances by expectant Mothers
		0—	1—	2 to 4	0—	1—	2 to 4	0—	1—	2 to 4		
HASLINGDENNo. 1	46	160	57	101	94	3	2	1555	484	631	—	—
„No. 2	26	41	14	16	29	—	3	436	86	103	—	—
PRESTWICHNo. 1	66	289	40	26	70	2	11	2302	321	72	—	—
„No. 2	47	187	28	30	119	—	12	1657	172	90	—	—
RADCLIFFENo. 1	98	315	68	53	219	5	6	3193	793	331	32	40
„No. 2	24	47	8	12	26	—	1	515	119	67	2	8
RAWTENSTALL ... No. 1	100	169	160	200	160	43	26	3868	856	569	—	—
„ No. 2	51	87	42	88	70	6	8	1300	290	268	—	—
„ No. 3	51	86	76	58	86	21	4	1963	353	167	—	—
RamsbottomNo. 1	48	171	49	12	83	—	—	1753	423	51	43	81
„No. 2	29	41	19	11	24	2	2	402	193	124	37	62
„No. 3	23	41	11	10	38	11	11	346	91	54	—	—
TOTTINGTON	48	77	22	12	51	11	2	875	245	73	37	51
WHITEFIELD	92	245	63	60	134	6	6	2312	362	119	—	—
TOTAL	749	1956	657	689	1203	110	94	22477	4788	2719	151	242

a Consultant's opinion have (except in Whitefield) to attend the hospital at out-patients' departments. It is an unsatisfactory state of affairs because it means a long journey to the hospital and usually an equally long wait in an overcrowded department.

Shortage of medical staff has prevented the Edenfield centre from being opened.

Medical practitioners were circularised in accordance with the Ministry of Health statement pointing out that whilst expectant mothers are encouraged to book a doctor for the confinement they should still be advised to attend ante-natal clinics where special investigations can be carried out, and where frequent routine examinations may be made, work which it is difficult for the family doctor to do in a busy general practice.

Attendances have been satisfactory, and show no decrease compared with 1948.

Post-natal attendances are very much less, and there is a need to increase the after-care work.

TABLE III.
ANTE-NATAL CLINICS.

ADDRESS OF COUNTY COUNCIL CLINIC.	No. of sessions.	No. of individual women attending	No. of attendances
THE CLINIC, Manchester Road, Haslingden. ...	48	131	606
CLOSE HOUSE, Close Park, Radcliffe.	62	357	1064
THE CLINIC, Kay Street, Rawtenstall.	60	252	1062
" UPLANDS," Bury New Road, Whitefield. ...	68	268	1219
TOTALS.....	238	1008	3951

TABLE IV.
POST-NATAL ATTENDANCES.

ADDRESS OF CLINIC.	No. of sessions.	No. of individual women attending postnately	No. of attendances.
THE CLINIC, Manchester Road, Haslingden. ...	48	12	23
CLOSE HOUSE, Close Park, Radcliffe.	62	—	—
THE CLINIC, Kay Street, Rawtenstall.	60	62	67
“ UPLANDS,” Bury New Road, Whitefield.	68	27	28
TOTALS.....	238	101	118

Blood Tests.

Routine blood grouping and testing for the Rh factor are carried out at the Whitefield clinic and on mothers attending the Rossendale General Hospital ante-natal clinic. Once a month at the Whitefield ante-natal clinic a technician from the hospital pathological department (Bury General Hospital) under the supervision of Dr. T. G. S. Harkness, Pathologist, attends with a set of apparatus for taking blood tests, including estimation of the haemoglobin, blood grouping, and tests for the Rh factor. Patients who are to be confined in hospital also have Wasserman and Gonococcal Fixation tests, but the blood in these instances is sent for examination to the Central Serological Laboratory at Withington Hospital, Manchester. If the mother's blood is Rh negative, the husband is asked to attend for examination. Tests are also made in Rh negative cases for anti-bodies, and should these be present the mother is sent to St. Mary's Hospital, Manchester, where special arrangements are in force to give blood transfusions at the time of confinement.

At the present time there are still mothers attending clinics in this Division who do not have these blood tests, and it is proposed to extend the service and make it available for all.

(3) **Care of Premature Infants.**

Midwives and maternity nurses report details of infants who are born prematurely by making a special note on the notification of birth card in respect of all infants whose birth weight is $5\frac{1}{2}$ -lbs. or less.

TABLE V.
CARE OF PREMATURE INFANTS.

Classification.	Born at Home.	Born in Hospital or Maternity Home.
(a) Total premature births	23	98
(b) Died within 24 hours	4	9
(c) Percentage of infants surviving 24 hours	82.6	92.8
(d) Died within 7 days (including (b))	4	19
(e) Survived one month	19	79
(f) Survived three months ...	19	79
(g) Percentage of children surviving three months	27	76

All premature babies born in the Division, including those whose mothers are normally resident in areas outside the Division :—

- (i) Notified during period who were born—
 - (a) At home 23
 - (b) In hospital or nursing home 40
- (ii) Those born at home who were nursed entirely at home 21
- (iii) Those born at home and nursed entirely at home—
 - (a) Who died during the first 24 hours 2
 - (b) Who survived 28 days 19
- (iv) Those born in hospitals or nursing homes—
 - (a) Who died during the first 24 hours 1
 - (b) Who survived 28 days 3

4. **Ophthalmia Neonatorum, Pemphigus Neonatorum and Puerperal Pyrexia.**

There were four cases of puerperal pyrexia, which means a rise of temperature within certain limits after confinement. It will be realised therefore that in some cases a common cold could cause a report to be made under this heading. None of the cases was serious.

A discharge from the eyes of a new-born baby is notifiable as ophthalmia neonatorum. In the past this often led to blindness, but the system of notification and prompt treatment has effectively ended this tragedy, and no cases of blindness have occurred in the whole of the Lancashire county since 1936. The two cases notified were treated, and the result was satisfactory.

Pemphigus neonatorum is an infection of the skin of the infant which spreads quickly and may be dangerous to life. There were no cases reported.

TABLE VI.
OPHTHALMIA NEONATORUM AND PUERPERAL PYREXIA—1949.

(1)	Ophthalmia Neonatorum		Puerperal Pyrexia	
	Domiciliary Confinements (2)	Institutional Confinements (3)	Domiciliary Confinements (4)	Institutional Confinements (5)
Notified during the year ...	1	6	4	1
Visited by officers of the Authority ...	1	—	4	—
For whom Home Nursing was provided by the Authority	—	—	—	—
Removed to hospitals	1	2	3	1

5. **Illegitimate Children.**

A branch of the Manchester Diocesan Moral Welfare Society is situated in Bury at Tenterden Street, and close co-operation is maintained with it. Grants are made to the Society funds by the County Council.

TABLE VII.

SUMMARY OF CASES ATTENDED BY COUNTY COUNCIL MIDWIVES AND DISTRICT-NURSE MIDWIVES—1949.

	TOTAL CASES (1)			GAS AIR CASES (included in Col. 1) (2)			TOTAL VISITS PAID (3)				DEATHS (4)	
	As Midwife	As Matern- ity Nurse	TOTAL	As Midwife	As Matern- ity Nurse	TOTAL	As Midwife	As Matern- ity Nurse	Mis- carriage	TOTAL	Mother	Child (under 1 month)
MIDWIVES.....	412	143	555	146	73	219	10989	3137	281	14407	—	5
DISTRICT NURSE- MIDWIVES.....	71	21	92	46	11	57	2768	528	53	3349	—	—
TOTAL	483	164	647	192	84	276	13757	3665	334	17756	—	5

TABLE VII.—*continued*.
ANALYSIS OF CASES ATTENDED BY COUNTY COUNCIL MIDWIFERY STAFF 1949.

	LIVEBIRTHS			STILLBIRTHS			MISCARRIAGES		
	As Midwife	As Maternity Nurse	TOTAL	As Midwife	As Maternity Nurse	TOTAL	As Midwife	As Maternity Nurse	TOTAL
MIDWIVES	388	132	520	4	2	6	20	9	29
DISTRICT NURSE-MIDWIVES	71	13	84	—	—	—	—	8	8
TOTAL	459	145	604	4	2	6	20	17	37

Proportions of (i) total and (ii) domiciliary births in the Division attended by County Council Midwives and District-Nurse Midwives during 1949.	
(a) Total live and still births occurring in Division	1367
(b) No. of (a) which were domiciliary	594
(c) No. of (b) which were attended by County Council Midwives and District-Nurse Midwives	594
(d) Percentage of (c) to (a)	43.4 per cent.
(e) Percentage of (c) to (b)	100 per cent

HEALTH VISITING.

One additional Health Visitor was appointed for the Prestwich area. A second Lay Health Assistant was appointed to work in the Ramsbottom and Tottington areas.

Although Health Visitors do not make routine visits to all cases of infectious diseases they receive a list of the notified cases, and are able to make selected visits such as to cases of measles and whooping cough in young children, and to those cases where they know that home conditions are likely to be difficult.

TABLE VIII.
HEALTH VISITING.

Visits paid by Health Visitors during the period—

1st July to 31st December, 1949.

(a) To expectant mothers—

(i)	First visits	273
(ii)	Total visits	400

(b) To children under 1 year old—

(i)	First visits	1870
(ii)	Total visits	5227

(c) Children between the ages of 1 and 5 years—

Total visits ..	3501
-----------------	------

(d) Other classes—

Total visits	1367
--------------------	------

HOME NURSING.

One male nurse commenced duty in January, and his services have been much appreciated. He has been able to assist in the nursing of male patients, particularly the heavy nursing type of case. His centre of operation has been Prestwich, but he is not restricted to this area.

In order to keep the full-time midwives fully employed, the attendance of district nurse-midwives at maternity cases has been discontinued, save in exceptional circumstances.

As from 1st September, district nurses living in County Council premises were provided with furnished accommodation only, and became responsible for their own domestic arrangements. There was a reduction in County charges to them from £65 to £52.

Nursing Homes Registration Acts.

There are three registered nursing homes in the Division, one in Tottington and two in Prestwich. A fourth home, namely the Redcliffe Maternity Home, Prestwich, was discontinued shortly before the end of 1948 after its purchase by the County Council for use as a hostel for old people.

Nursing Homes are inspected twice a year and at other times at occasion demands. Special visits were made to one nursing home in Prestwich where conditions were unsatisfactory, and at the time of writing this home has now ceased to be used as a maternity home. The other two nursing homes were entirely satisfactory.

Nurseries and Child Minders' Regulation Act.

An additional mill nursery was established in the Division during the year. This was at the Wilton Mill, Radcliffe, and it was opened on 14th June. The nursery is specially designed and built in accordance with modern ideas, and constitutes an excellent example of its kind.

Inspections of all three nurseries were carried out during the year.

There are no child minders registered under the Act, and no information has come to light that persons are undertaking this work.

TABLE IX. — HOME NURSING SERVICE.

TYPE OF CASE.	(i) On books at 31st Dec, 1948.			(ii) New cases attended 1949			(iii) Visits during 1949			(iv) Deaths		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4
(a) MEDICAL CASES.												
Rheumatism & arthritis (all types)	3	14	—	24	40	1	355	2079	1	4	7	—
Cardiac affections (all types)	10	6	—	103	128	—	1821	3210	—	34	53	—
Hemiplegia and palsies	12	27	—	88	137	—	2363	3928	—	39	63	—
Senility and other complaints of old age	7	21	—	92	123	—	1453	2951	—	41	49	—
Cancers, etc.—non-surgical	2	8	—	59	64	—	1037	1978	—	44	33	—
Other medical conditions	7	20	4	157	360	92	2493	6713	592	12	25	—
TOTALS	41	96	4	523	852	93	9522	20859	444	174	230	—
TYPE OF CASE.	(v) Removed to Hospital			(vi) Removed— other causes			(vii) Recovered			(viii) Remaining on books at 31st Dec., 1949.		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4
(a) MEDICAL CASES.												
Rheumatism & arthritis (all types)	2	8	—	—	6	—	16	11	1	5	22	—
Cardiac affections (all types)	16	16	—	9	6	—	39	33	—	15	26	—
Hemiplegia and palsies	17	23	—	5	10	—	26	39	—	13	29	—
Senility and other complaints of old age	14	25	—	4	6	—	33	42	—	7	22	—
Cancers, etc.—non-surgical	5	15	—	3	3	—	4	13	—	5	8	—
Other medical conditions	16	28	7	5	12	3	114	288	83	17	27	3
TOTALS	70	115	7	26	43	3	232	426	84	62	134	3

Cases attended 1st January to 31st December, 1949 (continued).

TYPE OF CASE.	(i) On books at 5th July, 1948.			(ii) New cases attended 1949				(iii) Visits during 1949				(iv) Deaths				
	A.		Ch.	A.		Ch.		A.		Ch.		A.		Ch.		
	M.	F.	0-4	5-14	M.	F.	0-4	5-14	M.	F.	0-4	5-14	M.	F.	0-4	5-14
(b) SURGICAL CASES.																
Pre-operative medication and treatment	—	—	—	—	30	39	—	—	88	98	—	—	—	—	—	—
Post-operative dressings and treatment	9	14	3	—	79	107	135	13	1882	2028	988	117	4	6	—	—
Non-septic dressings	—	—	—	1	27	38	17	18	253	483	120	96	—	1	—	—
Septic conditions and dressings	7	9	1	—	70	108	24	19	1502	2974	246	80	1	1	—	—
Cancer (all types) with dressings..	7	12	—	—	16	32	—	—	1002	1593	—	—	9	16	—	—
Bladder lavage	1	—	—	—	2	1	—	—	190	3	—	—	1	1	—	—
Pessaries and douches	—	13	—	—	—	110	—	—	—	658	—	—	—	—	—	—
Other routine douches.....	—	2	—	—	—	44	—	—	—	521	—	—	—	—	—	—
First aid treatment	—	—	—	—	6	4	5	—	23	15	5	—	—	—	—	—
Fractures	—	1	—	—	5	16	1	2	178	583	29	6	—	1	—	—
Other surgical conditions	2	1	—	—	14	26	10	10	217	1245	91	52	1	2	—	—
TOTALS	26	52	4	1	249	525	192	62	5335	10201	1479	351	16	28	—	—

Cases attended — 1st January to 31st December, 1949 (continued).

TYPE OF CASE.	(v) Removed to Hospital			(vi) Removed— other causes			(vii) Recovered			(viii) Remaining on books at 31st Dec., 1949.		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	Ch.
(b) SURGICAL CASES.												
Pre-operative medication and treatment	10	14	—	—	8	15	—	12	10	—	—	—
Post-operative dressings and treatment	2	4	—	—	2	4	7	76	94	130	4	13
Non-septic dressings	—	1	—	—	—	1	1	27	34	16	—	1
Septic conditions and dressings	5	11	1	1	6	4	—	59	86	24	6	15
Cancer (all types) with dressings....	5	2	—	—	3	6	—	1	8	—	5	12
Bladder lavage	—	—	—	—	—	—	—	1	—	—	1	—
Pessaries and douches	—	2	—	—	—	42	—	—	56	—	—	23
Other routine douches	—	1	—	—	—	1	—	—	41	—	—	3
First aid treatment	2	—	—	—	—	1	—	4	3	5	—	—
Fractures	—	5	—	1	—	5	—	3	3	1	2	3
Other surgical conditions	5	2	—	—	—	3	—	10	51	10	—	5
TOTALS	29	42	1	2	19	82	8	193	350	186	18	75
												1

Cases attended — 1st January to 31st December, 1949 (continued).

TYPE OF CASE.	(i) On books at 31st Dec. 1949.			(ii) New cases attended 1949			(iii) Visits during 1949			(iv) Deaths		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4
(c) INTRAMUSCULAR AND HYPODERMIC INJECTIONS.												
	3	9	—	17	60	—	1164	3342	—	1	2	—
	20	31	—	10	44	—	726	2048	—	3	—	—
	7	3	—	94	174	26	998	1201	187	1	1	—
	30	43	—	121	278	26	2888	6591	187	5	3	—
TOTALS												
TYPE OF CASE.	(v) Removed to Hospital			(vi) Removed— other causes			(vii) Recovered			(viii) Remaining on books at 31st Dec., 1949.		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4
(c) INTRAMUSCULAR AND HYPODERMIC INJECTIONS.												
	—	3	—	5	19	—	10	31	—	4	14	—
	—	4	—	—	4	—	3	16	—	24	51	—
	2	2	—	14	15	1	79	154	24	5	5	1
	2	9	—	19	38	1	92	201	24	33	70	1
TOTALS												

Cases attended — 1st January to 31st December, 1949 (continued).

TYPE OF CASE.	(i) On books at 31st Dec. 1949.			(ii) New cases attended 1949			(iii) Visits during 1949			(iv) Deaths				
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.		
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	5-14	
(d) INFECTIOUS DISEASES.														
Pneumonia (except bronchial or complicating measles)	1	—	—	46	51	6	4	609	876	50	46	8	5	—
Tuberculosis—Respiratory.....	—	—	—	4	2	—	—	28	46	—	—	3	1	—
Tuberculosis—Non-Respiratory ...	—	—	3	2	—	—	1	78	—	20	35	—	—	—
Influenza—uncomplicated	—	—	—	1	12	—	—	10	93	—	—	—	1	—
Measles with pneumonia	—	—	—	—	—	1	—	—	—	12	—	—	—	—
Ophthalmia Neonatorum (nursed as a general case only) ...	—	—	—	—	—	1	—	—	—	15	—	—	—	—
Erysipelas	—	—	—	—	2	—	—	—	113	—	—	—	—	—
TOTALS	1	—	3	53	67	8	5	725	1128	97	81	11	7	—

Cases attended — 1st January to 31st December, 1949 (continued).

TYPE OF CASE.	(v) Removed to Hospital			(vi) Removed— other causes			(vii) Recovered			(viii) Remaining on books at 31st Dec., 1949.		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	5-14	M.	F.	0-4	5-14	M.	F.	0-4	5-14
(d) INFECTIOUS DISEASES.												
Pneumonia (except bronchial or complicating measles)	9	7	—	—	—	—	—	—	29	38	1	—
Tuberculosis—Respiratory.....	1	1	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Non-Respiratory ...	1	—	—	—	—	—	—	—	—	—	—	—
Influenza—uncomplicated	—	2	—	—	—	—	—	—	1	9	—	—
Measles with pneumonia	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum (nursed as a general case only) ...	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	1	—	—	—	1	—	—
TOTALS	11	10	—	—	—	1	—	—	30	48	2	1

Cases attended — 1st January to 31st December, 1949 (continued).

TYPE OF CASE.	(i) On books at 31st Dec. 1949.			(ii) New cases attended 1949			(iii) Visits during 1949			(iv) Deaths		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4
(e) SUMMARY OF CASES.												
(a) Medical cases	41	96	4	—	523	852	93	85	444	174	230	—
(b) Surgical cases	26	52	4	1	249	525	192	62	351	16	28	—
(c) Intramuscular and hypodermic injections	30	43	—	1	121	278	26	15	144	5	3	—
(d) Casual advisory visits	—	—	—	—	—	—	—	—	71	—	—	—
(e) Infectious diseases	1	—	3	—	53	67	8	5	81	11	7	—
TOTALS	98	191	11	2	946	1722	319	167	1091	206	268	—
TYPE OF CASE.	(v) Removed to Hospital			(vi) Removed— other causes			(vii) Recovered			(viii) Remaining on books at 31st Dec., 1949.		
	A.		Ch.	A.		Ch.	A.		Ch.	A.		Ch.
	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4	M.	F.	0-4
(e) SUMMARY OF CASES.												
(a) Medical cases	70	115	7	2	26	43	3	1	82	62	134	3
(b) Surgical cases	29	42	1	2	19	82	8	—	61	18	75	1
(c) Intramuscular and hypodermic injections	2	9	—	—	19	38	1	—	16	33	70	1
(d) Casual advisory visits	—	—	—	—	—	—	—	—	—	—	—	—
(e) Infectious diseases	11	10	—	—	—	1	—	—	5	2	1	1
TOTALS	112	176	8	4	64	164	12	1	164	115	280	6

Total number of visits during 1949, including casual advisory visits : 57,806.

MENTAL HEALTH.

Lunacy and Mental Treatment.

The responsibilities of the Local Authority in connection with Lunacy and Mental Treatment are mainly laid down in the Lunacy Act, 1890, and Mental Treatment Act, 1930. Under these statutes procedure for the admission of patients to hospitals for treatment, care and attention is laid down, and in connection with the carrying out of these duties two lay officials, a Duly Authorised Officer and a Mental Health Worker, are appointed for this Division.

Under the Mental Treatment Act arrangements can be made for patients suffering from mental illness to enter hospital as Voluntary Patients for treatment. A few patients in which a quick recovery is anticipated but who do not fill the bill as Voluntary Patients are admitted as Temporary Patients. A number of cases, however, cannot be accepted as either Voluntary or Temporary Patients, and in these cases arrangements have to be made for admission to hospital on the authority of an official order. It is in connection with this latter class of patient that the Duly Authorised Officer is chiefly concerned.

The lifting of the law of settlement contained in the Poor Law Acts enables mental patients to be admitted to any approved mental hospital wherever a vacancy occurs. The general shortage of hospital accommodation includes mental hospitals in which accommodation for female patients is almost at a premium. Prestwich Hospital is in this Division. It is one of the four major mental hospitals in the Manchester Regional Hospital Board's area, and situated on the verge of the South-East Lancashire industrial area, with a big population to serve. The National Health Service Act, 1946, brought into operation easier facilities for admission of acute cases direct to this type of hospital, facilities which have been freely utilised by surrounding authorities. The admission of these cases averages one per week—however this is an added burden because, once in hospital in this area, they become the responsibility of this Division—should further action under the appropriate Acts be necessary. At the other end of the Division is situated Rossendale General Hospital, which has accommodation for mental patients, but here the burden has been reasonably light in connection with patients admitted from outside areas.

On many occasions patients have been put into contact with the mental hospitals or mental treatment clinics whereby admission to hospital as Voluntary patients has been effected.

In one or two cases it has been found that advice and personal visitation has effected a reasonable improvement and, as a result, the person concerned has satisfactorily settled down into the community without recourse to hospital treatment.

The acute shortage of hospital accommodation is a serious handicap to a satisfactory mental health service. It is not always possible to obtain the urgent in-patient treatment which is necessary.

The "senile" class of patient presents yet another problem—again lack of hospital beds is the problem. Many of these cases should have no need to enter a mental ward. If chronic sick accommodation were available they would not do so, but too often the only hope of providing the care and attention required within a reasonable time is in the mental wards.

If there are no relatives who are prepared to deal with the financial affairs of a person admitted to a mental hospital, other than as a Voluntary patient, to take care of any property or effects of the person, the responsibility devolves upon the Local Authority. Under this responsibility there have, fortunately, been one or two cases only where we have had to act, as such a duty throws quite an amount of responsibility and work upon the County and Divisional staffs.

In connection with the discharge of patients from mental hospitals close contact is maintained with the hospitals and by visits to the patients at home. In some cases these visits have proved beneficial, some welcome them as evidence that they have not been forgotten altogether; to others we are able to give help by advice, by arranging contacts with agencies such as the employment exchanges, and altogether the many visits paid in this source of work are very much appreciated. On numerous occasions contact between this department and the hospitals is maintained by visits paid to the homes of patients to arrange for discharge, and to relatives to obtain a "background" of the patient's illness in order to assist the doctors in their dealings with the patient.

The public in general appear to be beginning to realise that mental instability is an illness, and that much good can and is done in the various hospitals for the people so afflicted. This is perhaps responsible for the increased demand on the mental hospitals accommodation, and, much as the shortage of accommodation is to be deplored, it is an outlook which must be maintained, and which is undoubtedly a progressive step.

In carrying out these duties there has been excellent co-operation with hospitals, doctors, magistrates, and other persons concerned.

Mental Deficiency.

	Male	Fe- male	Total
(a) No. of new cases reported to be mentally defective during the year	10	6	16
(b) No. of cases admitted to Institutions under Sections 3, 6, 8 and 9 of the Mental Deficiency Act, 1913, during the year.....	1	3	4
(c) No. of cases placed under Guardianship under Sections 3, 6, 8, and 9 of the Mental Deficiency Act, 1913, during the year....	—	—	—
(d) No. of cases in a place of safety under Section 15 of the Mental Deficiency Act, 1913, at the 31st December, 1949	—	—	—
(e) No. of cases awaiting Institutional care at the 31st December, 1949	4	4	8
(f) No. of cases in community care (excluding cases on licence from Institutions and cases discharged from Institutions or Guardianship) at the 31st December, 1949	41	35	76
(g) Summary of cases in community care :—			
(i) Under Guardianship	1	2	3
(ii) Under Statutory Supervision	30	25	55
(iii) Under Voluntary Supervision	1	2	3
(iv) In which no action has been taken but in which contact will be maintained	9	6	15

(h) Home visits by Duly Authorised Officers and/or Female Mental Health Workers in connection with defectives in the community :—		No. of Visits
(i)	Under Guardianship	22
(ii)	Under Statutory supervision	320
(iii)	Under voluntary supervision	21
(iv)	No action cases	46
(v)	New cases investigated	30
(vi)	On licence from Institutions	24
(vii)	Miscellaneous (in connection with petitions for Orders for Institutional care or Guardianship, etc.)	12
(viii)	After-care (discharged from Institutions or Guardianship)	17
(i) Home visits by Duly Authorised Officers and/or Female Mental Health Workers for the purpose of obtaining particulars, on behalf of Hospital Management Committees, on the home conditions, etc., of patients in Institutions in connection with :—		
(i)	Applications for holiday leave, licence on trial and discharge	24
(ii)	Section 11 of the Mental Deficiency Act, 1913	50
(j) (i) Occupation Centres for Mental Defectives.		
(ii)	No. of pupils from the Health Division attending occupation Centres in other Health Divisions and in County Boroughs	7

Mental Illness.

Cases dealt with by Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890—1930, during the year :—

	No. of Cases
1. Admitted to an Establishment designated for the purpose by the Minister of Health :—	
(a) On a Three Days Order under Section 20 of the Lunacy Act, 1890	23
(b) On a Justice's Fourteen Days Order under Section 21 of the Lunacy Act, 1890	23
2. Summary Reception Orders made :—	
(a) Patient conveyed to a Mental Hospital from another Hospital or Establishment :—	
(i) Following detention on an Order under Section 20 or 21 of the Lunacy Act, 1890	7

	No. of Cases
(ii) Not following detention on an Order under Section 20 or 21 of the Lunacy Act, 1890	3
(b) Patient admitted direct to Mental Hospital	10
(c) In respect of a patient already in the same Mental Hospital :—	
(i) As a Voluntary patient	11
(ii) Under the provisions of Section 20 or 21 of the Lunacy Act, 1890	22
3. Notified as an alleged person of unsound mind or suffering from mental illness and—	
(a) Dealt with as :—	
(i) Voluntary patients	19
(ii) Temporary patients	2
(b) No order made (not to include cases already shown under (3) (a))	36
4. Transfers from one Mental Hospital to another	1
5. Home visits by Duly Authorised Officers and/or Female Mental Health Workers on behalf of Hospital Management Committees and in connection with Care and After-care :	
(i) On behalf of Hospital Management Committees :—	
	No. of Visits
(a) Obtaining case histories of new admitted patients	44
(b) Obtaining information on the home conditions of patients under consideration for licence or discharge	9
(ii) Care and After-care :—	
(a) In respect of patients attending out-patient clinics	—
(b) In respect of patients discharged from Mental Hospitals, including ex-service personnel	297
(c) Miscellaneous (requiring advice, under observation, etc.)	38

MENTAL DEFICIENCY ACT, 1913—1938.

During the period 5th July, 1948—31st March, 1949, duties relating to the above Act were not the responsibility of the Divisional Committee. As from 1st April, 1949, these duties were

delegated to the Divisional Health Committee, and subsequently a Divisional Mental Health Sub-Committee was formed, which first met on 19th December, 1949.

The ascertainment of mental defectives is making slow progress. The present known defectives in the Division fall far below the accepted percentage per thousand of the population. It is hoped that future cases may be ascertained as early as possible, so that they may receive the necessary care, supervision and training.

During the year, 16 cases were ascertained which were submitted to the Mental Health Sub-Committee for disposal, and the County Medical Officer advised of the recommendations of the Committee.

Cases under statutory supervision are visited at three monthly intervals in order to ensure that the home conditions remain satisfactory, and the care adequate.

Three cases under Statutory Guardianship have been visited at prescribed intervals, i.e., medical visits at six months' intervals, and lay visits quarterly or more frequently, depending on the requirements. Such visits are recorded in the Guardianship Journal in the custody of the appointed Guardian, and reports are furnished to the County Medical Officer of Health. In visiting these cases various recommendations have been made regarding medical and dental treatment, and in one case where the defective never left his home the County Medical Officer of Health sanctioned a visit there by a chiropodist.

At six-monthly intervals known defectives in the Division classified as " Voluntary," " Voluntary After-Care," and " No Action " cases, have been visited in order that the relatives may be assured an interest is maintained, and that help will be available should an urgency arise.

Co-ordination with the Regional Hospital Board and Hospital Management Committees has been established. Patients on Long Licence from hospitals for defectives have been visited upon request, and progress reports submitted. In carrying out these duties it has been possible to place one defective in a Remploy Training Centre, where he is giving satisfaction. Another is working satisfactorily for his father.

During the year one defective was discharged from the Order.

Home conditions have been reported upon in cases in which application for licence has been made.

Section 11 Reports (cases due for re-certification) were also completed.

Visits to the homes have been welcomed as such have afforded the relatives an opportunity of discussing their divergent problems. It has also brought liaison between various organisations. In one instance an enquiry for an invalid carriage was directed to the proper channel, resulting in a new carriage being provided. The position of defectives with regard to the payment of National Insurance, exception from payment of insurance, entitlement to a grant from the National Assistance Board, etc., have been discussed, and the relatives advised of the appropriate action to be taken.

Under the National Service (Armed Forces) Act, 1939, the dates on which age groups are due to register have been carefully watched in order that defectives under Statutory supervision may be furnished with a letter of exemption under section 11 (f) of the Act, making it unnecessary for them to register.

Two cases have been deleted from the register as being self-supporting and socially adapted.

Unfortunately, one female under Statutory supervision appeared before the Court on a charge of forgery, and was placed on probation for three years. She is being carefully supervised both by the Probation Officer and Mental Health Worker.

Four cases have been admitted to hospitals for defectives. In one of these, accommodation as a "Place of Safety" had to be found pending the presentation of a petition.

One defective was ascertained to have died.

Several cases in the Division are urgently requiring treatment in hospitals for defectives, and their continued presence at home is causing hardship and anxiety to their relatives.

Occupation Centres.

Thanks are due to the Medical Officers of Health of the County Boroughs of Blackburn, Bolton and Salford, for accommodating children from this Division at their respective Centres.

The Lancashire County Council has made provision for the establishment of an Occupation Centre in this Division. The

response and keenness of the relatives to such an undertaking was sufficient to warrant this step being taken.

Premises situated in pleasant surroundings were inspected and approved, and a centre was actually opened on 13th March, 1950. The working of the centre will be fully commented upon in the report for 1950, but in the meantime the Divisional Committee is being kept fully informed of the progress made.

HOME HELP SERVICE.

In January, 1949, there were five home helps engaged in this Division, consisting of :—

Whole-time	—
Part-time on retaining fee	4
Part-time on hourly basis (no retaining fee)	1
	—
Total	5
	—

During the year there has been a steady growth in the number of applications received for the services of a Home Help, and the number of Home Helps engaged has increased correspondingly.

The position on the 31st December, 1949, regarding the number of Home Helps employed was as follows :—

Whole-time	—
Part-time on retaining fee	22
Part-time on hourly basis (no retaining fee)	22
	—
Total	44
	—

The cases attended during the year consisted of the following :—

Type of Case	No. of Cases	Average no. of hours per case per day.	Average period in days for which Home Help was employed per case
(a) Confinement at home	76	7	13
(b) Confinement away from home	29	6½	13
(c) Sickness (including one tuberculosis case)	228	5	17
(d) Aged and infirm	53	3½	19
Total	386		

There were 27 cases only in the previous year.

All applications for the services of a Home Help are now investigated personally by the Home Help Organiser to ascertain that there is a need for such help and at the same time to assess the amount the patient will be required to contribute for such service. At this interview the Home Help Organiser discusses the duties of the Home Help and, where necessary, advises the patient of other social services available. The Home Help Organiser is often asked to investigate home conditions for the hospital authorities, prior to the discharge of patients. The need for Home Helps is not yet being fully met, but confinement cases have first priority. It is sometimes necessary to withdraw a Home Help from another less urgent case to supply such help.

Home Helps are relieving the strain on hospital beds by caring for post operative cases, old people living alone who previously were sent to hospital, mothers in confinement, blind persons and tuberculosis patients. Children are also cared for whilst their mothers are in hospital.

Appreciation of the work of the Home Helps is often received by letter from grateful patients or relatives, which is encouraging to all who take part in the work.

Recruitment of Home Helps is by advertisement, and recommendations from doctors, health visitors, district nurses, midwives, voluntary bodies, and by home helps themselves.

Full-time workers have not been appointed in this Division, as it is felt that difficulty would be experienced in keeping a Home Help fully engaged 44 hours in each week, as even in confinement cases they are sometimes only required on a 36 or 40 hour basis. This aspect, however, is under consideration.

In order to keep in touch with the development of this service in other parts of the country, the Home Help Organiser attended a Conference in London convened by the National Institute of House-workers, and also a training course for Domestic Help Organisers at Hoddeston, Herts.

The Home Help Service has now become an integral part of the Health Services, and every effort is made to meet any real need.

WELFARE SERVICES — NATIONAL ASSISTANCE ACT, 1948.

Part III—Accommodation for Old Persons.

This accommodation consists of premises at Fairfield and Rossendale General Hospitals. The premises are quite distinct from the accommodation for chronic sick patients. These old people are not ill, and if they become ill they are transferred to the chronic sick or other wards of the hospital.

Residents pay for their accommodation, and the financial arrangements are such that when they are in receipt of national assistance they pay over the amount allotted to them but retain 5/- for their personal expenses each week.

The Minister of Health has expressed a desire that premises be run on more homely lines, and that the institution atmosphere be removed. A survey was made by representatives of the Divisional Health Committee, and the following report was issued :—

ACCOMMODATION FOR THE NON-SICK AT THE ROSSENDALE AND FAIRFIELD GENERAL HOSPITALS.

These hospitals are now the responsibility of the Bury and Rossendale Hospital Management Committee, but a section of each institution has been allocated by the Regional Hospital Board for the accommodation of the non-sick. The position is that the County Council are the tenants of that portion of the building which accommodates their non-sick population, and until a more precise division of responsibility is available it will be necessary to have a close liaison with the Hospital Management Committee. The Divisional Health Committee have been asked to report on the accommodation and amenities at these two places, and to make recommendations regarding improvements. This report will then be submitted to the County Welfare Services Sub-Committee and it will be brought to the notice of the Hospital Management Committee. It will be mutually decided as to which committee, i.e., the hospital committee or the local authority committee, should implement the recommendations.

Your representatives consider that the following arrangements should be made :—

1. **Medical Services.**

Adequate arrangements should be made

- (1) for the accommodation and nursing of residents during illness of a kind which are ordinarily nursed at home.
- (2) for enabling residents to obtain the benefit of any of the services provided under the National Health Service Act, of which they may, from time to time, be in need.
- (3) for the supervision of the hygiene of their accommodation.

2. **Personal Services.**

Adequate arrangements should be made for the residents to have hairdressing, shaving, and chiropody. Facilities should also be provided for the residents to spend their personal allowance themselves.

3. **Other Services.**

- (1) Full board, etc.
- (2) Recreational facilities to include reading matter, wireless, cinema and concerts, games, motor-coach outings.
- (3) Where desired by residents, clothing suitable to their individual requirements.
- (4) Where desired by residents, extra comforts, such as tobacco and sweets.
- (5) Adequate opportunities for religious worship.
- (6) Participation in activities in which residents are individually interested.
- (7) Reasonable facilities for residents to move freely in and outside the establishment, and to visit and be visited by, their relatives and friends.

The improvement of the existing accommodation should be based as far as practicable on the following principles—the division of large rooms so as to provide smaller sitting-rooms and bedrooms, including single room and rooms for married couples, but great care must be exercised to avoid dividing up large rooms so that the result is more in the nature of a cubicle than a small room. There should be modifications of ablution facilities necessary to secure privacy. The substitution of small dining tables for long tables; the re-decoration of rooms and corridors in

brighter colour schemes ; the plastering of all indoor brick walls ; the provision of better lighting ; the introduction of attractive and interesting pictures or mural decoration ; the provision of hand-rails at the bath side, hand-rails to be provided at both sides of staircases and corridors ; the provision of comfortable chairs, according to the varying needs of the residents ; the laying of non-skid floor surfaces or coverings where practicable, and the installation of the requisite number of baths of suitable type, and generally of furnishings of a home-like character, including any furnishings which it might be practicable to allow residents themselves to provide. There should be garden seats provided and summer houses for the residents to enjoy the sunshine and fresh air on suitable occasions. If a bowling green is provided for the mental patients in the hospital it should also be made available for the residents in the non-sick accommodation.

Bearing in mind the above principles, your representatives make the following report :—

Rossendale General Hospital.

The present accommodation for the non-sick is as follows :—
Men—54 ; Women—28 ; Married Couples—Nil ; Children—19.
Four Male dormitories for 10, 14, 15 and 15 persons respectively.
Two female dormitories for 13 and 15 persons.
Nursery for 19 children.

Approximate number of staff—7.

Standard charge for accommodation—42/- per week.

Residents are also admitted from Divisions 5 and 13.

The building is about 90 years old and of solid stone construction, accommodation being arranged in three floors with fairly narrow stone stairways from one to the other. It is thus, at the outset, unsuitable for the elderly and infirm, and it was, therefore, considered that lifts were essential, and at least one should be capable of taking a bed. Your representatives fully appreciate the difficulty of carrying out this work, but the premises could not otherwise be regarded as satisfactory. The second most important requirement was the greater provision of bathroom and toilet accommodation. The dormitories could all be divided into smaller rooms to make bedrooms, but this would reduce the number of beds by about 60%. Accommodation at the Rossendale General Hospital is not fully taken up, and there

would be sufficient space to convert the dormitories at present in use into bedrooms. There is also the possibility of converting the disused casual wards into suitable accommodation for married couples and families, if the Hospital Management Committee would agree.

Medical Services.

(1) The improved accommodation and smaller rooms will allow for the nursing of the residents during illnesses of a kind which are ordinarily nursed at home.

(2) (a) The Medical Officer of the hospital has agreed to undertake the medical care of the residents under the National Health Service Act. They may also make their own arrangements with any doctor if they desire.

(b) **Dental Treatment:** The visiting dentist to the hospital should be asked to undertake the treatment of the residents, and should conduct a general survey on the need for the provision of dentures and dental treatment.

(c) **Ophthalmic:** An optician should be asked to test the sight of all the residents, and supply spectacles in suitable cases.

(d) **Deafness:** Any of the residents whose hearing, it is thought, would improve with a deaf-aid, should be encouraged to apply for them.

Personal Services.

Hairdressing and Shaving: A barber's shop should be provided for the men and a suitable person appointed for this work. For the women a similar provision should be made with appropriate equipment, hair-drier, etc.

Chiropody: A chiropodist should be asked to visit the institution at monthly intervals and to deal with any necessary cases. It is recommended that the above personal services should be provided without charge to the residents.

Other Services.

(1) Full board is provided at present, but the men and women dine separately, and the former Master and Matron were not of the opinion that they should dine together until those women residents with a weak intellect had been suitably accommodated elsewhere.

(2) **Recreation:** Daily papers and magazines should be provided and also library facilities. Concerts and cinema entertainments and a wireless are provided, but motor-coach outings should be increased to three per year. A branch of the Brabazon Society is very active, and spends much time looking after the welfare of the residents. The County Council make a contribution of £30 per annum to them, and the Committee may wish to recommend an increased contribution. More games require to be provided, e.g., dominoes.

(3) **Clothing:** The Matron already provides them with a choice of clothing, and this appears to meet the wishes of the residents at present.

(4) Tobacco and sweets are provided free, and as the residents now all have 5/- a week to spend, and many of them do not venture outside the institution, the provision of a kiosk or small shop in the grounds for the sale of tobacco, sweets, and personal requisites should be considered. This would also serve the hospital staff, and is a very popular service in sanatoria.

(5) **Opportunities for Religious Worship:** This is already provided, and understood to be satisfactory.

(6) The residents are allowed to go in and out of the institution freely, but this has to be restricted in the case of mothers with children when they are likely to leave them to the care of the staff. There is no visitors' room where the residents can see their visitors privately.

(7) **Decorative:** In addition to a more frequent provision of flowers when in season, window boxes, potted plants and bulbs should regularly be provided and tended by a responsible member of the staff. It has been found that residents take a great interest in the progress of bulbs and flowering plants.

General Recommendations.

Lighting: This requires to be improved in all rooms and corridors. It might be of a fluorescent type in corridors, but in day rooms and bedrooms both ceiling and wall lights are recommended. The wall lights will assist the old folks when reading.

Heating: If the large dormitories are converted into smaller rooms the radiators which are now in the corridors will require to be moved into the rooms as there is insufficient steam pressure to heat additional radiators.

General Decoration: It is recommended that all indoor brick walls be plastered and painted, and floors treated where necessary. Decoration is generally required throughout the building, and should be carried out in light colours.

Male Side.

A modern washbowl is necessary between the two day rooms.

Large Day Room: This should be re-decorated and furnished with furniture of a type suitable for old people. A new fireplace is required, and suitable pictures or mural decorations should be provided. The County Architect should be consulted as to the possibility of making this room into a smaller day room and one bedroom to provide extra bed space.

Small Day Room: General re-conditioning.

Male Dormitory, First Floor: The 14-bed dormitory could be converted into two bedrooms (three beds in each) and the central heating transferred from the corridor to the rooms. The rooms will require suitable bedroom furniture.

Male Dormitories, Second Floor: The 15-bed dormitory could be converted as on the first floor. The second 15-bed dormitory could be converted into three bedrooms, two containing three beds each and one with two beds, plus furniture. The 10-bed dormitory could be converted into two bedrooms with three beds in each, plus furniture. There are also two single bedrooms which should be re-decorated and suitably furnished. Additional lavatory accommodation, both bathroom and toilet, are required. This should be referred to the County Architect.

Dining-room: Small tables should be provided to seat four persons at each.

Female Side.

The day room on the first floor requires re-decoration and furnishing with more modern and suitable furniture for old people. There should be a new fireplace, etc.

Dining-room: General re-conditioning is necessary, and six small tables should replace the long tables. A new fireplace is recommended, plus cupboards and chairs.

Bathroom: The partition should be carried to the roof, and the bathroom heated and decorated.

Female Dormitory, Second Floor: The large dormitory of 15 beds could be converted into three bedrooms and suitably furnished, providing about eight beds in all. The small dormitory of 13 beds could be converted into two bedrooms, providing six beds in all.

The Nursery.

The day room and dormitories should be re-decorated in nursery style. New chairs are required for the children, plus nursery furniture, toys and toy cupboard to include nursery lampshade and clock. Cots to be enamelled ivory white; new mattresses for the cots; a refrigerator and a new sink are necessary, and a gramophone and new horse for the playroom.

The Playroom: The walls should be plastered, the room re-decorated and made suitable for winter use.

Fairfield General Hospital.

The present accommodation for the non-sick is as follows:—Men—79; Women—97; Married Couples—Nil; Children—Nil. Ten male dormitories for 4, 4, 5, 6, 7, 7, 7, 8, 15 and 16 persons. Nine female dormitories for 4, 10, 10, 11, 12, 12, 12, 13 and 13 persons respectively.

Approximate number of staff—12.

Standard charge for accommodation—42/- per week.

Residents also admitted from Bury County Borough under user agreement, and approximate number of such cases is 75.

The building is about 90 years old and of solid stone construction. Accommodation is arranged on two floors with stone stairways from one to the other. On the female side there is accommodation on a second floor which is not in use by reason of dampness due to a defective roof. The Regional Hospital Board had agreed to the use of the whole of the lower hospital of 80 beds for the non-sick, but its alteration would probably be a long-term policy.

It was evident to your representatives that the accommodation was overcrowded in both male and female sections. There are empty dormitories on the 1st floor male and 2nd floor female side, but these require repairs and the provision of sanitary fittings and lifts. The accommodation on the male side, in addition to

being overcrowded, is so bad in respect of structure and design and in such a state of disrepair that it is incapable of any satisfactory alteration. The only solution is to find alternative premises, for example, the lower hospital, or adapted army huts in the grounds. In the meantime, certain improvements should be regarded as urgent, although they will not make the premises satisfactory. The sanitary fittings which lead off the male dormitory on the ground floor require reconditioning, and a new bathroom should be constructed. A possible site is at the end of the store-room situated centrally in the block.

Medical Services.

(1) The improved accommodation and smaller rooms will allow for the nursing of residents during illnesses of a kind which are ordinarily nursed at home.

(2) (a) The Medical Officer of the hospital has agreed to undertake the medical care of the residents under the National Health Service Act. They may also make their own arrangements with any doctor if they desire.

(b) **Dental Treatment:** Arrangements should be made for a dentist to undertake the treatment of the residents, and this should include a general survey on the need for the provision of dentures and dental treatment.

(c) **Ophthalmic:** An optician should be asked to test the sight of all the residents, and supply spectacles in suitable cases.

(d) **Deafness:** Any of the residents whose hearing, it is thought, would improve with a deaf-aid, should be encouraged to apply for them.

Personal Services.

Hairdressing and Shaving: A barber's shop should be provided for the men. There is already a member of the hospital staff carrying out the work. For the women, suitable premises and a hairdresser should be provided, plus equipment.

Chiropody: A chiropodist should be asked to visit the institution at monthly intervals and to deal with any necessary cases. It is recommended that the above personal services should be provided without charge to the residents.

Other Services.

(1) Full board is provided at present, but the men and women dine separately, and there is no place where they can dine together.

(2) **Recreation:** Daily papers and magazines should be provided and also library facilities. Concerts and cinema entertainments and wireless are provided, but motor-coach outings should be increased to three per year. The Matron had a welfare fund, and this money is at present in the hands of the Hospital Management Committee, but should be devoted to the interests of the non-sick as well as the sick. The cinema entertainments should be increased to at least once a week instead of once a fortnight as at present.

(3) **Clothing:** This is still institutional in character, and more variety should be introduced.

(4) Tobacco and sweets are provided free, and as the residents now have 5/- a week to spend and many of them do not venture outside the institution, the provision of a kiosk or small shop in the grounds for the sale of tobacco, sweets and personal requisites should be considered. This would also serve the hospital staff, and is a very popular service in sanatoria.

(5) **Opportunities for Religious Worship:** This is already provided and understood to be satisfactory.

(6) The residents are allowed to go in and out of the institution freely. There is no visitors' room where the residents can see their visitors privately.

(7) **Decorative:** In addition to a more frequent provision of flowers when in season, window boxes, potted plants and bulbs should regularly be provided and tended by a responsible member of the staff. It has been found that residents take a great interest in the progress of bulbs and flowering plants.

General Recommendations.

Lighting: This requires to be improved in all rooms and corridors. It might be of a fluorescent type in corridors, but in day rooms and bedrooms both ceiling and wall lights are recommended. The wall lights will assist the old folks when reading. It is understood that it would be necessary to have additional electrical power supplied from the public mains.

General Decoration : It is recommended that all indoor stone walls be plastered and painted, and floors be treated where necessary. Decoration is generally required throughout the building, and should be carried out in light colours.

Male Side.

As stated above, the present accommodation is totally unsuitable for old people, and the dormitories are overcrowded. The building does not lend itself to successful adaptation, but it is suggested that the following alterations be carried out :

Provide a modern bathroom containing two baths of suitable types, lavatory basins, etc., at rear of building with entrance through existing storeroom. Convert existing bathroom to a small kitchen with a sink and hot-plate for food. Re-condition lavatory accommodation leading off male dormitory on ground floor. Improved lighting and switch over from d.c. supply to a.c. General re-decoration, plastering of walls and improvement of floor. Because of the numbers at present accommodated it is not possible to convert the dormitories into bedrooms.

Female Side.

Day room dining-room requires more suitable furniture and decorations, also separate wireless, games, and improved lighting.

Day room, first floor : Ditto.

Female Dormitories, ground floor : The 10-bedroom dormitory should be left in its present form, but ceiling re-decorated and paint washed down. There should be curtains to the windows, and a new clock. A night commode of suitable modern design is required, and two bed screens on castors. Other dormitories should be converted into bedrooms suitable for four persons, and require general re-decoration and furnishing.

Bathroom and Toilet Facilities : The bathroom requires to be modernised, the floor levelled, and several baths of suitable types installed, together with a modern sink. Adequate lighting and heating are required.

Lavatory Accommodation : Improvements to the floor, more adequate ventilation, and partition from main corridor so that access can be gained without going through bathroom. On the first floor, additional lavatory accommodation is required to in-

clude two lavatories, two washbasins and sluice. Handrails are required at each side of the staircase. The former Master's kitchen is to be converted for the use of the female infirm, and the Hospital Management Committee have submitted a suitable plan.

Your representatives have purposely refrained from advising extensive and major alterations to the premises, realising the prior needs of hospitals and other services. Apart from the question of lifts, which they regard as absolutely essential, most of their suggestions could readily be carried out and they believe that their proposals would result in a much improved standard of living conditions and a happier and pleasanter life for the residents.

Re-naming of Part III Accommodation.

The accommodation was re-named to avoid the institutional stigma. That at Rossendale was named Valley View, and that at Fairfield was named 380 Rochdale Old Road.

A warden was appointed at Valley View in October, and the appointment has been fully justified. He has made the following report to the Divisional Medical Officer:—

Conditions at Valley View, Rawtenstall.

The warden at Valley View reports that he commenced duties on October 17th, 1949, and found the accommodation for Part III residents in a poor state of repair. Food was adequate but monotonous, and very little attempt was made to interest the residents or provide anything but the minimum of comfort. The County Architect's representative has now visited the place, and plans for alterations and decorations have been drawn up. New furniture and clothes of ordinary civilian styles have been ordered. The next immediate requirements are the provision of more lavatories, individual cupboard space for residents, and a drying room or aired store room.

The residents and staff are dependent upon the hospital for certain services. The laundry service is good and the food is now excellent. The food of the babies in the nursery, with the exception of those bottle-fed, is the same as that of the adults and does not appear satisfactory in that respect. A further report can be made now that a qualified nurse in charge has been appointed.

The residents themselves are in the majority of cases of the type accustomed to workhouse or institutional life. Dependence

upon the State and lack of everyday interests has made most of them either servile or distrustful of efforts made to help them. Breaking down the relationship of workhouse master and inmate and obtaining their co-operation in any attempts to improve their comfort are the main tasks. At the same time it has been found that for a few cases a certain amount of discipline is required, usually with regard to personal hygiene. The residents need to be taught that they are all members of a community with duties towards each other, and not just individuals interested in self alone.

Efforts have been made to achieve this aim; visitors are encouraged, and a visitors' room, apart from the mental wards, has been provided. In the past all social activities were shared with the inmates of the mental wards, but at the present only the visits to the hospital cinema are common. At Christmas a visit was paid to a pantomime, and was a great success. Two concerts have been arranged and tentative arrangements made for the first of what is intended to be a monthly social evening. When suitable furniture has been received it will be possible for whist drives, smoking concerts, billiard matches, etc., to be organised. The help of the Trefoil Guild and the Old Age Pensioners' Association has been promised. The Rawtenstall Branch of the Rotary Club has also been approached and has promised assistance in some way.

These efforts have been made in an attempt to combat the apathy with which the majority of the residents face the future. Once they can be made to waken and take an interest in their life and surroundings there is no reason why the residents themselves should not help to provide their own interests and even run their own hostel with the staff carrying out their wishes.

The staff available for such a plan seems suitable. At present there is no attendant on the female side. This position should be rectified quickly. On the male side there is a full staff of willing workers who appear able and eager to carry out the ideas mentioned above. Besides their domestic duties they are encouraged to mix with the residents, play games with them, and to try at all times to be regarded as a friend. This plan is already having some effect. The residents are more cheerful, more and more are playing the few games provided, the daily papers are more

popular, library books have been requested by a few and, in the past fortnight or so, a few have been asked to be allowed to help with the work. With the installation of new furniture and the appointment of an occupational therapist it is hoped that a much greater rate of progress can be made.

Valley View Nursery.

Residential accommodation for 19 children under the age of 3 years is provided at Valley View (Part III accommodation). This nursery receives children who may be temporarily without parental care due to illness of a parent or confinement of the mother, or children who have been the responsibility of the Children's Committee of the County Council, and in some cases children whose mothers are temporarily resident in Part III accommodation by reason of loss of their homes through eviction and other causes.

Hostels.

Although at the time this report appears the hostel at Hazelhurst, Ramsbottom, will be in full operation, the adaptations of the buildings were not completed at the end of 1949.

Many other premises have been inspected with a view to hostel accommodation being provided, and finally Redcliffe Maternity Home, Hilton Lane, Prestwich, was purchased for this purpose. These premises should accommodate 30 to 35 persons. The premises are being adapted, but it is impossible for the work entailed to be completed until early in 1951.

Temporary accommodation.

Certain premises have been earmarked in districts to provide emergency accommodation in case of flooding. Houses in two streets near the Irwell in Ramsbottom were flooded, and in view of the small number of persons involved it was not considered necessary to open special premises. They were offered accommodation at Valley View, but none decided to accept it, and made individual local arrangements instead.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

1. Prevention of Illness.

Although in nearly all cases priority in the housing list is given where there is a risk of tuberculous infection spreading in the household, special representation has been made to housing officers of local health authorities when it was felt that a real case existed for re-housing on health grounds. But it has been found quite impossible to take note of those conditions of ill-health which are only partly affected by bad housing conditions. There have also been cases where the housing conditions were deliberately made worse by the tenants in order to press a claim for re-housing.

2. Care and After-Care.

All hospital patients on discharge who are likely to require after-care such as nursing or home helps, special equipment, convalescent home, observation, etc., are notified to the Divisional office by the hospital almoner and appropriate action is taken.

There were eight applications for convalescent home treatment during the year. Three of the applicants took advantage of the facilities, two withdrew, one died after making application, one became mentally afflicted, whilst in the remaining case a medical certificate was not forthcoming.

TUBERCULOSIS.

It is one of the duties of the Tuberculosis Health Visitors to make careful enquiry about the source of infection in cases of Tuberculosis, and in some instances where children have developed Tuberculous Meningitis this has been all too obvious in that a tuberculous person was resident in the same household. The reason has usually been that the patient was waiting for a sanatorium bed. The number of cases of Tuberculous Meningitis during the year was 8.

The waiting period for sanatorium treatment is about six months.

Difficulty has also arisen with European Voluntary Workers developing Tuberculosis whilst resident in a hostel where there

are no facilities for home nursing and where it is also difficult to provide isolation. It is not possible to grant them immediate admission to a sanatorium except at the expense of our own people, who have often a greater claim by reason of family responsibility.

Mass miniature radiography surveys are being conducted. One was held in Prestwich at the Mental Hospital, and preparations are under way for surveys at Rawtenstall, Radcliffe and Haslingden.

The Radcliffe, Whitefield and District Relief Fund for Consumptives has continued its after-care work as hitherto, and has materially assisted needy patients and their families.

Assistance has been given in the form of the provision of milk, groceries, clothing, etc., to necessitous tuberculous patients. Fifty per cent. of this expenditure was reimbursed by the County Council, but no provision is made under this heading in the new legislation. A more generous scale of assistance is granted under the National Assistance Act, and additional help other than cash payment is available through the After-care Service of the Local Health Authority.

VACCINATION AND IMMUNISATION.

Primary vaccination of infants has dropped considerably since the repeal of the Vaccination Acts. 13.51% of the notified live births were successfully vaccinated in this Division during 1949.

With regard to diphtheria 44.84% of the notified live births completed a full course of immunisation during 1949. It is pleasing to record that there has been not a single confirmed case of diphtheria throughout the area.

In two districts—Prestwich and Haslingden—it was noted that the percentage of children immunised in the under 5 group was not satisfactory. A special enquiry was made in Prestwich, where the figure of 49%, being the number of children immunised under the age of five on 31st December, 1948, was not considered to be a true one. The enquiry embraced all those children who were not recorded as having been immunised in the clinic records. Lists of all the children under five were obtained from the Food Office records, and those already known to have been immunised were disregarded.

There were, at the time of the investigation, only two Health Visitors in Prestwich (population 34,730), and a meeting was held with representatives of the British Red Cross Society, the St. John Ambulance Association, and the British Legion, who agreed to carry out home visits to ascertain whether the children had been immunised and, if so, where and by whom, and to refer any difficulties to the Health Visitors, who would follow these up.

Children under one year were not considered because it was felt these could be dealt with in the ordinary way through the welfare centres, and there remained 844 children of whom we had no record. Lists were drawn up in street order with 25 names on each sheet, so that these could be handed to the voluntary helpers, one to each, in order that they should make their visits nearest their own home. The enquiry has shown that 89 of these children had left the district, 414 had been immunised, 141 had not been immunised, and 43 objected. In the remaining 157 cases it was not possible to get into touch with the parents, even after several visits. The two Health Visitors made approximately 100 visits each, but some of these were on account of the inability of one of the voluntary helpers to carry out her duties due to sickness.

At the end of 1948 it was known that 1,220 children under the age of five years had been immunised, and with the addition of a further 414 immunised children now discovered by this enquiry, the total figure reaches 1,634. There was on the 31st December, 1948, a population of 2,503 children under the age of five, and, therefore, it is definitely known that 65.2 per cent. of the children in this age group have been immunised. In fact, this percentage is on the conservative side, as it is reasonable to suppose that some of the children who have left the district had already been immunised, and in all probability some of those included in the 157 cases with whom the investigators have not been able to get into touch.

Objections were raised by the parents on the grounds:

- (1) that the injection was putting poison into their system;
- (2) that they did not believe in it;
- (3) that they now thought the disease was no worse than the inoculation;
- (4) that one or other of their children had had some reaction.

It was never possible to substantiate this last objection satisfactorily.

It should not be necessary to make such an investigation in future now that the doctors are making a return of the immunisations carried out. The divisional office should be in a position to know about all these cases, but the enquiry has revealed that the number of children immunised is nothing like as low as our records showed.

EPIDEMIOLOGY.

In order to exercise general supervision over the incidence of infectious disease in the division, copies of all notifications received by the Medical Officer of Health of district councils are immediately sent to the Divisional Medical Officer.

The most satisfactory feature of the year has been the complete freedom of the division from diphtheria. This is undoubtedly due to the protective effect of immunisation.

In November there were four cases of typhoid fever due to an outbreak in Salford. All recovered, but one case was severe. The first cases became known during the week ended Saturday, 5th November, and involved persons who attended a dinner at the Masonic Hall, Salford, on 6th October. Much valuable information was given by one of these persons living in Prestwich who had heard that several of the guests were ill. Immediately notification of a suspected case of typhoid fever in Prestwich was received and confirmed clinically, enquiries were made at various hospitals checking the statement that there were several other cases of typhoid fever. Two cases were found to be in hospital and a third was doubtful. All had attended a dinner on the same date. Medical Officers of Health in affected districts were informed and a list of persons attending the dinner was obtained. In Prestwich and Whitefield 209 contacts were personally visited, and tests taken where there were any symptoms. No missed cases were discovered. Investigations by the Medical Officer of Health of Salford showed that the most likely source of infection was from members of the staff of the Masonic Hall, who were found to be carriers of *S. Typhi* phage type E₁.

There were six cases of infantile paralysis which were all mild in character. Measles and whooping cough caused six deaths; in each case the child had been admitted to hospital.

The Regional Public Health Laboratory, Monsall Hospital, Manchester, under the supervision of Dr. M. T. Parker, has proved to be a most valuable ally in the bacteriological investigation of outbreaks of disease. Much helpful advice has been given by Dr. Parker together with an exceedingly prompt and efficient service.

By reason of its regional service, outbreaks of infection in different local authority areas can often be connected, as was the case in the typhoid fever outbreak referred to above.

TABLE X. — VACCINATION.

Vaccinations performed during period 1st January to 31st December, 1949.

Borough or Urban District.	PRIMARY VACCINATIONS										RE-VACCINATIONS									
	Age in years										Age in years									
	Under 1		1—		5—		15—		Total		Under 1		1—		5—		15—		Total	
	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful
HASLINGDENM.B.	9	9	2	2	—	—	4	4	15	15	—	—	—	—	—	—	—	—	—	—
PRESTWICHM.B.	169	158	12	11	4	4	17	15	202	188	—	—	1	1	8	5	56	54	65	60
RADCLIFFEM.B.	28	27	—	—	2	2	3	3	33	32	—	—	—	—	—	—	5	5	5	5
RAWTENSTALL ...M.B.	2	2	1	1	1	1	—	—	4	4	—	—	—	—	—	—	1	1	1	1
RAMSBOTTOM ...U.D.	21	20	2	2	3	3	7	7	33	32	—	—	1	—	4	—	25	23	30	23
TOTTINGTON ...U.D.	11	11	1	1	1	1	—	—	13	13	—	—	—	—	—	—	2	2	2	2
WHITEFIELDU.D.	31	30	4	4	3	3	2	2	40	39	1	1	—	—	—	—	21	21	22	22
TOTAL IN DIVISION	271	257	22	21	14	14	33	31	340	323	1	1	2	1	12	5	110	106	125	113

TABLE XI.

NUMBER OF VACCINATIONS PERFORMED DURING THE YEAR 1949.

	By General Practitioners in course of Private Practice.					
	Aged 0—4 years.		Aged 5—14 years.		Aged 15 years and over	
	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful
PRIMARY VACCINATION	293	278	14	14	33	31
RE-VACCINATION	3	2	12	5	110	106
TOTAL	296	280	26	19	143	137

There were no vaccinations performed at clinics or by General Practitioners on a sessional basis.

TABLE XII. — DIPHTHERIA IMMUNISATION.

BOROUGH OR URBAN DISTRICT.	Individuals who completed a full course of primary immunisation during the period.										Individuals who were given a reinforcement injection (i.e., subsequent to complete course)			
	Age at date of final injection.										Age group.			
	0—	1—	2—	3—	4—	Total under 5 yrs.	5—	10—	Total aged 5—14 yrs.	Total aged 15 & over	0—	5—	10 to 14	Total 0 to 14 yrs. inc.
HASLINGDEN M.B.	45	92	16	5	3	161	15	4	19	1	6	31	2	39
PRESTWICH M.B.	246	139	20	6	22	433	31	6	37	—	7	336	106	449
RADCLIFFE M.B.	83	195	27	9	25	339	45	3	48	—	43	99	6	148
RAWTENSTALL M.B.	211	117	24	4	10	366	59	14	73	1	56	227	84	367
RAMSBOTTOM U.D.	105	73	17	15	16	226	48	33	81	—	1	385	89	475
TOTTINGTON U.D.	30	27	—	1	3	61	6	3	9	—	2	70	24	96
WHITEFIELD U.D.	133	51	11	5	6	206	44	21	65	—	1	170	27	198
TOTAL IN DIVISION	853	694	115	45	85	1792	248	84	332	2	116	1318	338	1772

TABLE XIII.

NUMBER OF INDIVIDUALS WHO WERE IMMUNISED DURING THE YEAR 1949.

At Special Clinics.								
PRIMARY IMMUNISATION (Full Course) REINFORCEMENT INJECTION	By Assistant Divisional Medical Officers				By General Practitioners on Sessional Basis			
	Aged 0—4 years	Aged 5—14 years	Aged 15 years and over	Total	Aged 0—4 years	Aged 5—14 years	Aged 15 years and over	Total
	180	89	—	269	1125	222	—	1347
	6	592	—	598	100	1006	—	1106
	186	681	—	867	1225	1228	—	2453
PRIMARY IMMUNISATION (Full Course) REINFORCEMENT INJECTION	By General Practitioners in Course of Private Practice				TOTAL			
	Aged 0—4 years	Aged 5—14 years	Aged 15 years and over	Total	Aged 0—4 years	Aged 5—14 years	Aged 15 years and over	Total
	487	21	2	510	1792	332	2	2119
	10	58	—	68	116	1656	—	1770
	497	79	2	578	1908	1988	2	3889

TABLE XIV.
DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Children who had completed a full course of immunisation at any time up to 31st December, 1949.								
AGE AT 31-12-49 <i>i.e.</i> born in the year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940 to 1944	10 to 14 1935 to 1939	Total under 15
Number immunised	853	1156	1494	1271	1094	6419	6366	18,653
Estimated mid-year child population, 1948.	Children under 5. 10,486					Children 5—14. 15,813		
Percentage of child population in age group in an immunised state.	55.9					80.8		
						70.9		

AMBULANCE SERVICE.

In January, 1949, the ambulance services operating within the Division were controlled by the County District Councils under agency agreements with the Lancashire County Council.

During this time arrangements were being completed for the re-organisation of the services and the re-siting of the Ambulance Stations. Additional personnel were required to reinforce the staff of 17 driver/attendants who had been transferred from the County District Services to the County Ambulance Service, and 28 driver/attendants were recruited. Station Leaders were appointed to take charge of the Rawtenstall, Ramsbottom and Prestwich Ambulance Stations. Arrangements were made for the ambulance centres at Haslingden and Rawtenstall to be closed, and a joint service to operate from the Fire Station, Burnley Road, Rawtenstall. Bus drivers and garage handymen were formerly used to man the Ramsbottom Ambulance vehicles, and it was necessary to recruit a new staff of driver/attendants. Arrangements were made for the service to operate from the Fire Station, Stubbins Lane, Ramsbottom. Ambulance vehicles could not be garaged at the Fire Station, and the vehicles were to remain garaged in the adjoining sheds of the Ramsbottom Transport Department.

The Whitefield Ambulance Station was to be closed and the service amalgamated with the Prestwich Ambulance Service to give a joint service, operating from the existing station at Fairfax Road, Prestwich.

The Radcliffe Ambulance Station was to remain sited at Close Park, Radcliffe, and become the Divisional Ambulance Service Headquarters. The Urban District of Tottington would continue to be served by the County Borough of Bury Ambulance Service.

At 9-0 a.m. on Tuesday, 1st February, 1950, agency agreements were terminated, and a smooth change-over was effected.

In order to facilitate the working of a standard 44 hour working week and to provide relief shifts for annual leave, public holidays and sick leave, an additional 17 driver/attendants were appointed in May, 1950.

The strength of vehicles and personnel at the four stations in the Division was then as follows:—

	Driver/Attendants.	Ambulances.	Car.
Prestwich	16	3	
Radcliffe	19	3	1
Ramsbottom	9	1	1
Rawtenstall	18	3	1
	—	—	—
	62	10	3
	—	—	—

Owing to pressure of work at the Rawtenstall Station the complement of vehicles was increased by one car in November, 1949, necessitating the appointment of an additional driver/attendant.

The ambulances in the Division were, on the whole, in fairly good condition although, with three exceptions, all were over ten years old. At this age most vehicles require constant mechanical attention, resulting in frequent shortages at the station concerned. All except two ambulances were replaced with new or reconditioned vehicles before the end of the year. The Divisional Health Committee made several suggestions for the improvement of the prototype ambulance adopted by the Lancashire County Council, and at the end of the year the new vehicles were of a much improved type, embodying many modifications suggested by the Committee. Arrangements were made for the vehicles to receive a progressive maintenance at 4,000 mile intervals at a Central Service Depot. During the time the vehicle was away from its station a replacement pool vehicle was provided.

In order to provide the machinery for organised and continuous training in first aid, arrangements were made for ambulance personnel to be embodied into a Corps of the St. John Ambulance Brigade. Training nights are held each week, and the personnel attend lectures and receive practical instruction in their off-duty time.

It will be necessary for new stations to be provided for the Ramsbottom, Rawtenstall, and Prestwich Ambulance Services. Plans have been passed for the erection of a new station in Cemetery Road, Ramsbottom.

During the twelve months ended 31st December, 1949, many improvements were made to the ambulance services in the Division. A continuous 24 hour service was maintained, operated by trained personnel who were actually on duty ready to answer a call at a moment's notice. All ambulances were manned by a crew of two driver/attendants at all times. Ambulance personnel were working a standard week of 44 hours and were not, therefore, fatigued by long hours of duty followed by "stand by" duty. A station telephonist was on duty at all times, ready to transfer emergency calls to the nearest station should the ambulances from his own station be out on service. By virtue of their training ambulance personnel are able to attain a higher degree of technical efficiency in their work.

For administrative purposes the Ambulance Service is under the day-to-day supervision of the Divisional Medical Officer, but there are, in fact, no station or divisional boundaries limiting the operation of the service. The ambulance stations in general serve a maximum radius of approximately six miles, and the vehicle strength of each station has been assessed to meet the needs of its area based on population, road and works accident risk. Except in outlying rural areas an ambulance can reach the furthest point in its station's area within 10 minutes of the receipt of the request.

It was inevitable that instances of abuse of the service would arise. In this Division isolated cases did arise, but these were effectively dealt with. It is not within the province of ambulance personnel to indicate that a patient is not in need of ambulance transport. Doubtful cases were referred to the Divisional Medical Officer, who made the necessary enquiries from the patient's doctor. In the case of hospital out-patients the Almoner was requested to refer the case to the doctor in charge of the clinic.

A non-urgent case for in-patient treatment will be removed to hospital on the request of the doctor in charge of the case. If the case is returning from hospital the request will only be accepted from a responsible officer of the hospital.

In regard to patients attending the out-patient clinics, the authority for ambulance transport must be given by a medical

practitioner. Should subsequent transport be required the authority must be given by the doctor in charge of the out-patient clinic.

During the year under review infectious disease cases were conveyed in a special ambulance provided by agency agreement with the Bury Corporation. It is intended in future to use ordinary County ambulances for this purpose, with suitable precautions to avoid the risk of carrying infection from one case to another.

ANALYSIS OF CASES ATTENDED AND PETROL AND OIL CONSUMPTION.
1st January, 1949, to 31st December, 1949.

	Accidents	Sudden Illness	Maternity	Admission or Discharge	Out- Patients	Infectious Diseases	TOTAL
PRESTWICH	204	222	218	596	3238	5	4483
RADCLIFFE	284	221	264	501	4534	—	5804
RAMSBOTTOM	76	139	123	305	1334	—	1977
RAWTENSTALL	148	184	218	962	4425	3	5940
TOTALS	712	766	823	2364	13531	8	18204

	AMBULANCES			CARS			TOTAL		
	Mileage	Petrol	Oil	Mileage	Petrol	Oil	Mileage	Petrol	Oil
PRESTWICH	44916	3557	78 $\frac{7}{8}$	98	—	—	45014	3557	78 $\frac{7}{8}$
RADCLIFFE	41733	3036	43	19441	702 $\frac{3}{4}$	14 $\frac{1}{8}$	61174	3738 $\frac{1}{4}$	57 $\frac{1}{8}$
RAMSBOTTOM	11726	1001	18 $\frac{5}{8}$	16902	708	11 $\frac{1}{4}$	28628	1709	29 $\frac{7}{8}$
RAWTENSTALL	55452	3721	49 $\frac{7}{8}$	23431	858	10 $\frac{3}{4}$	78883	4579	60 $\frac{5}{8}$
TOTALS	153827	11315	190 $\frac{3}{8}$	59872	2268 $\frac{1}{4}$	36 $\frac{1}{8}$	213699	13583 $\frac{3}{4}$	226 $\frac{1}{2}$

Prior to 1st January, 1949, the local County District Councils adopted various methods of recording ambulance cases and it is therefore impossible to give comparative figures for the year ended 31st December, 1948.

TOTTINGTON.—Served by the County Borough of Bury under Agency Agreement :
5 accidents, 845 other cases. — Total mileage : 13,206.

STATISTICAL TABLES

VITAL STATISTICS FOR 1949.

	COUNTY DISTRICTS CONSTITUTING HEALTH DIVISION 12.							England and Wales 43,595,000
	Hasling- den, M.B.	Prestwich M.B.	Radcliffe M.B.	Rawten- stall, M.B.	Rams- bottom, U.D.	Totting- ton, U.D.	White- field, U.D.	
POPULATION — TOTAL—135,760	14,600	34,730	27,680	25,220	14,530	6,000	13,000	
Births. LIVE BIRTHS	192	422	434	368	199	81	167	—
Legitimate	10	12	15	18	11	7	4	—
Illegitimate	9	15	10	5	9	2	6	—
STILL BIRTHS	—	1	2	—	—	—	—	—
Legitimate	9	9	19	11	4	3	4	—
Illegitimate	—	1	—	—	—	3	—	—
Deaths INFANT	—	—	1	—	—	—	—	—
Legitimate	—	—	—	—	—	—	—	—
Illegitimate	—	—	—	—	—	—	—	—
MATERNAL	257	371	384	389	199	116	160	—
ALL CAUSES	13·8	12·5	16·2	15·3	14·5	14·7	13·2	16·7
Live Birth Rate, per 1,000 population	43	36	26	13·0	41	22	34	—
Still Birth Rate, per 1,000 total (live and still) births	45	23	42	28·0	19	68	23	32
Infant Mortality Rate, per 1,000 live births	Nil.	Nil.	2·17	Nil.	Nil.	Nil.	Nil.	—
Maternal Mortality Rate, per 1,000 (live and still) births	17·6	10·7	13·9	15·4	13·7	19·3	12·3	—
Crude Death Rate (all causes)	15·5	10·9	13·9	14·3	11·8	16·2	13·3	11·7
Adjusted Death Rate								

TABLE "A"
NOTIFICATION OF BIRTHS — 1949.

Births notified (i.e., occurring) in sanitary districts in Division 12.

DISTRICT.	In Hospitals, Maternity Homes, etc.										In the Home.										TOTAL.															
	Live Births					Still births					Live Births					Still births					Live Births					Still births										
	*Pre-mature		Mature			Total		*Pre-mature		Mature			Total		*Pre-mature		Mature			Total		*Pre-mature		Mature			Total		*Pre-mature		Mature			Total		
	M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	F.		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
HASLINGDENM.B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
PRESTWICHM.B. ...	2	3	73	90	75	93	2	—	—	3	4	59	51	62	55	1	1	5	7	132	141	137	148	3	—	3	—	3	—	3	—	3	—	3	—	
RADCLIFFEM.B. ...	4	8	116	94	120	102	—	1	4	1	52	50	56	51	1	1	8	9	168	144	176	153	1	2	1	2	1	2	1	2	1	2	1	2	1	2
RAWTENSTALL ...M.B. ...	12	11	182	168	194	179	3	4	3	2	76	73	79	75	—	—	15	13	258	241	273	254	3	4	3	4	3	4	3	4	3	4	3	4	3	4
RAMSBOTTOM ...U.D. ..	—	—	—	—	—	—	—	—	—	—	26	31	26	31	—	—	—	—	26	31	26	31	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTTINGTON ...U.D. ...	—	—	—	—	—	—	—	—	—	—	12	12	12	14	—	—	—	2	12	12	12	14	—	—	—	—	—	—	—	—	—	—	—	—	—	
WHITEFIELDU.D. ...	—	—	—	—	—	—	—	—	—	—	23	16	23	16	—	—	—	—	22	16	22	16	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS OCCURRING IN DIVISION	18	22	371	352	389	374	5	5	12	11	288	279	300	290	4	2	30	33	659	631	689	664	9	6	9	6	9	6	9	6	9	6	9	6	9	6

* A birth is regarded as "premature" if the birth weight is 5½ lbs., or less.

TABLE "B" — NOTIFICATION OF BIRTHS (continued).

Births occurring in and finally belonging to Division 12 — 1949.

	In Hospitals, Maternity Homes, etc.										In the Home.										TOTAL.															
	Live Births					Still births					Live Births					Still births					Live Births					Still births										
	*Pre-mature		Mature			Total		M.		F.			*Pre-mature		Mature			Total		M.		F.			*Pre-mature		Mature			Total		M.		F.		
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Total No. occurring in Division	18	22	371	352		389	374	5	5			12	11	288	279	300	290		4	2		30	33	658	631	688	664		9	6						
No. transferred out of Division :—																																				
(i) to other Divisions	3	2	73	83		76	85	—	1			—	—	1	1	1	1		—	—		3	2	74	82	77	84		—	1						
(ii) to County Boroughs or other Counties	—	—	31	32		31	32	—	—			—	—	4	3	4	3		—	—		—	—	35	35	35	35		—	—						
Total outward transfers	3	2	104	113		107	115	—	1			—	—	5	4	5	4		—	—		3	2	109	117	112	119		—	1						
Net No. occurring in and belonging to the Division	15	20	267	239		282	259	5	4			12	11	282	275	295	286		4	1		27	31	549	514	576	545		9	5						
No. transferred into Division :—																																				
(i) from other Divisions ...	3	—	23	22		26	22	—	—			—	—	—	—	—	—		—	—		3	—	23	22	26	22		—	—						
(ii) from County Boroughs or other Counties	29	31	332	340		361	371	19	12			—	—	1	—	1	—		—	—		29	31	333	340	362	371		19	12						
Total inward transfers	32	31	355	362		387	393	19	12			—	—	1	—	1	—		—	—		32	31	356	362	388	393		19	12						
Final No. belonging to Division.....	47	51	622	599		669	650	24	16			12	11	284	275	296	286		4	2		59	62	905	876	964	938		28	17		45				
																																1902				

* A birth is regarded as "premature" if the birth weight is 5½ lbs., or less.

TABLE "C" — INFANT MORTALITY 1949.

By sanitary districts, sex and age groups—

SANITARY DISTRICT.	AGE AT DEATH.												TOTALS.		
	Under 1 day		1 to 7 days		Over 1 week and up to 4 weeks		Over 4 weeks and up to 6 months		Over 6 months and up to 12 months						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both sexes.		
HASLINGDEN, M.B.	2	1	1	2	2	—	1	—	1	—	—	—	6	3	9
PRESTWICH, M.B.	2	1	—	1	—	—	2	2	1	—	—	—	5	4	9
RADCLIFFE, M.B.	2	1	6	2	1	—	3	1	1	2	1	2	13	6	19
RAWTENSTALL, M.B.	1	—	2	1	1	—	1	1	3	1	—	—	8	3	11
RAMSBOTTOM, U.D.	—	—	1	—	—	—	—	—	1	—	—	—	2	—	2
TOTTINGTON, U.D.	—	2	2	2	—	—	—	—	—	—	—	—	2	4	6
WHITEFIELD, U.D.	—	—	—	—	—	—	1	—	1	1	—	—	2	1	3
DIVISIONAL TOTALS	7	5	12	8	4	—	8	4	7	4	—	—	38	21	59

TABLE "D" — INFANT MORTALITY 1949 (continued).

By cause, sex and age groups.

CAUSE OF DEATH.	AGE AT DEATH.												TOTALS.		
	Under 1 day		1 to 7 days		Over 1 week and up to 4 weeks		Over 4 weeks and up to 6 months		Over 6 months and up to 12 months						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both sexes.		
Whooping Cough	—	—	—	—	—	—	—	2	1	—	1	2	3		
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute poliomyelitis and acute polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—		
Bronchitis	—	—	—	—	—	—	—	—	1	—	1	—	1		
Pneumonia (all forms)	—	—	—	—	1	—	4	1	1	1	6	2	8		
Other respiratory diseases	—	—	—	—	—	—	—	—	—	—	—	—	—		
Diarrhoea and enteritis ...	—	—	—	—	1	—	3	1	1	—	5	1	6		
Congenital malformations	—	—	1	1	—	—	—	—	1	1	2	2	4		
Congenital debility	—	—	—	—	—	—	—	—	—	—	—	—	—		
Premature birth	5	4	5	5	1	—	—	—	—	—	11	9	20		
Injury at birth	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other diseases peculiar to first year of life	—	—	3	—	—	—	—	—	—	—	3	—	3		
All other causes	2	1	3	2	1	—	1	—	2	2	9	5	14		
TOTALS.....	7	5	12	8	4	—	8	4	7	4	38	21	59		

TABLE "E" — INFANT MORTALITY 1949 (continued).

(c) Mortality rates.

Number of NOTIFIED LIVE BIRTHS.	NEO-NATAL DEATHS.		TOTAL INFANT DEATHS.	
	Number	Mortality rate per 1,000 live births.	Number	Mortality rate per 1,000 live births.
1902	36	18.93	58	30.49

TABLE "F" — MATERNAL MORTALITY

Deaths of women in or associated with childbirth during 1949.

By sanitary districts and age groups.

SANITARY DISTRICT.	AGE AT DEATH.							TOTAL (all ages).
	15—	20—	25—	30—	35—	40—	45—	
HASLINGDEN..... M.B.	—	—	—	—	—	—	—	—
PRESTWICH M.B.	—	—	—	—	—	—	—	—
RADCLIFFE..... M.B.	—	—	1	—	—	—	—	1
RAWTENSTALL M.B.	—	—	—	—	—	—	—	—
RAMSBOTTOM U.D.	—	—	—	—	—	—	—	—
TOTTINGTON U.D.	—	—	—	—	—	—	—	—
WHITEFIELD..... U.D.	—	—	—	—	—	—	—	—
DIVISIONAL TOTALS ...	—	—	1	—	—	—	—	1

TABLE "G" — MATERNAL MORTALITY (continued).

By cause of death and age groups.

CAUSE OF DEATH.	AGE AT DEATH.							TOTAL (all areas).
	15—	20—	25—	30—	35—	40—	45—	
Puerperal and post abortive sepsis— Post-abortive infection	—	—	—	—	—	—	—	—
Infection during childbirth and the puerperium	—	—	—	—	—	—	—	—
Other maternal causes— Abortion without mention of septic condition	—	—	—	—	—	—	—	—
Ectopic Gestation	—	—	—	—	—	—	—	—
Haemorrhage of pregnancy	—	—	—	—	—	—	—	—
Toxaemias of pregnancy	—	—	1	—	—	—	—	1
Other disease and accidents of pregnancy	—	—	—	—	—	—	—	—
Haemorrhage of childbirth and the puerperium	—	—	—	—	—	—	—	—
Puerperal toxaemias	—	—	—	—	—	—	—	—
Other accidents of childbirth	—	—	—	—	—	—	—	—
Other or unspecified conditions of childbirth and the puerperal state	—	—	—	—	—	—	—	—
TOTAL—all causes	—	—	1	—	—	—	—	1

TABLE "H" — MATERNAL MORTALITY (continued).

(c) Mortality rates.

Notified live and still births	DEATHS.			MORTALITY per 1,000 total (live and still) notified births.		
	Puerperal and post-abortive sepsis	Other maternal causes	Total	Puerperal and post-abortive sepsis	Other maternal causes	Total
1947	—	1	1	—	0.51	0.51

